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Leicestershire County Council

ANNUAL  
REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1925.



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# Officers of the Medical Department 1925.

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T. ROBINSON, M.R.C.S., L.R.C.P., D.P.H. (Camb.)

County Medical Officer.

Chief School Medical Officer.

Administrative Tuberculosis Officer.

Chief Medical Officer for Maternity and Child Welfare.

---

J. A. FAIRER, M.D., CH.B., D.P.H. (Man.),

Senior Assistant County Medical Officer.

Senior Assistant School Medical Officer.

Venereal Diseases Medical Officer.

Bacteriologist.

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N. A. COWARD, O.B.E., M.D., CH.B. (Edin.), D.P.H. (Oxon.)

Assistant County Medical Officer.

Senior Tuberculosis Medical Officer.

Medical Officer for Maternity and Child Welfare.

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H. CARPENTER, M.B., B.S., D.P.H., M.R.C.S., L.R.C.P., (Lond.)

Second Tuberculosis Medical Officer.

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M. E. WESTON, M.B., B.S. (Lond).

Assistant School Medical Officer.

Assistant Infant Welfare Medical Officer.

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## HEALTH VISITORS :

Warren, Mrs. A. (Superintendent Health Visitor.)

Antrobus, Mrs. A. D.

Bailey, Miss A. J.

Bennett, Miss G.

Brunsdon, Mrs. P.

Brunt, Mrs. M. J.

Butler, Miss G. E.

Cade, Mrs. F. E. M.

Cole, Miss R.

Duncombe, Miss A.

Fay, Miss M.

Fox, Miss L.

Griffiths, Miss T. M.

Hall, Miss H. E.

Marsh, Miss K. A.

Poxon, Miss M.

Waller, Miss M. J.

Wright, Mrs. E. E.

The County  
Sanitary and Housing Committee,  
1925.

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J. W. BLACK, ESQ. (Chairman).

Bastard, W.	Meakin, T. E.
Briers, A. J.	Pochin, V. R.
Forsell, J. T.	<i>(ex-officio)</i>
Fuller, B.	Squirrell, E. A.
Goodacre, C.	Stubbs, W.
Goodman, J. A.	Tandy, E. W.
Hubbard, B.	Timms, R.
Jacques, J. T.	<i>(Vice-Chairman)</i>
Kinton, G.	Ward, G.
Levers, G. T.	Whitwell, H. J.
Martin, Lt.-Col. R. E.	Wilson, C.
<i>(ex-officio)</i>	Wright, W. H.

# REPORT

17 FRIAR LANE,

LEICESTER,

September, 1926.

MR. CHAIRMAN AND GENTLEMEN,

In presenting the Annual Report for the year 1925, which is my Twenty-eighth Annual Report on the health of the County, I desire to state that this year the Ministry of Health's Circular number 648, which requires much greater detail, has had to be followed.

This Circular gives instructions as to the compilation of the Report, in order that it may be a survey report recording :—

- (a) The measure of progress made in the area during the preceding five years in the improvement of the public health;
- (b) The extent and character of the public changes made during that period in the public health services of the area (*e.g.*, housing, water supply, sewerage, scavenging or refuse disposal, food inspection, or other services affecting the environment of the inhabitants; and Maternity and Child Welfare schemes, schemes for the treatment of Tuberculosis and Venereal diseases, provision of Isolation Hospitals, or other services directed to the prevention or cure of disease in individuals);
- (c) Any further action of importance in the organisation or developments of public health services contemplated by the Local Authority or considered desirable by the Medical Officer of Health.

Much satisfactory advance has been made during the past five years, and special emphasis is given to this.

The principal vital statistics for the year under review have already been submitted to the Council.

I append herewith a brief summary of the Acts, Orders, Regulations, etc., which have come into operation during the last quarter of the century, and also a short comparative statement of the vital statistics of the County before I came here and now.

As this is my last Annual Report as County Medical Officer may I again express my best thanks to the members of the County Council for the kindness and courtesy they have always extended to me, and also record my great appreciation of the very loyal support I have at all times received from the staff of my department.

I have the honour to be,

Mr. Chairman and Gentlemen,

**T. ROBINSON,**

*County Medical Officer of Health.*

# REPORT.

## PRINCIPAL VITAL STATISTICS.

A comparison between the **average** yearly returns of the last five years of last century, viz., 1895-9 inclusive (below called "then") with those for the last five years of the first quarter of this century, viz., 1921-5 inclusive (below called "now.")

	"Then."			"Now."	
Population	218,813			268,889	
Birth Rate	30·0	per	1000	population	19·8
Death Rate	15·3	„	„	„	11·3
Zymotic Diseases					
Death Rate	1·7	„	„	„	0·4
Infant Mortality					
Rate	135	per	1000	births	66

### Notifiable Diseases.

	"Then."			"Now."		
Small Pox.	Cases 5,	deaths 0·4		Cases 26,	deaths nil.	
Diphtheria.	„ 257,	„ 52		„ 316,	„ 24	
Scarlet Fever.	„ 789,	„ 24		„ 363,	„ 3	
Enteric Fever.	„ 200,	„ 32		„ 17,	„ 3	

### Non-Notifiable Diseases.

Whooping Cough.	„ 46	„ 25
Measles.	„ 62	„ 20

The above figures show a very much improved death rate, and this means an average longer life for all. The very greatly reduced infectious diseases death rate is perhaps one of the most gratifying features of these returns, whilst the Infant Mortality rate—reduced by half—speaks volumes for the vastly greater care taken of Infant Life.

Of the special diseases the (almost) extermination of Enteric Fever proves how assiduously the Local Sanitary Authorities have carried out their duties in improving sanitation in their districts—by providing sewers, improving the water supply, instituting systematic scavenging, and abolishing the old privy-pits.

Diphtheria, although far too prevalent, is not nearly so fatal as formerly. This no doubt is partly due to the use (and free supply) of Anti-toxin. The earlier the administration of Anti-toxin the more certain the recovery—a delay of 24 hours may be fatal. In my opinion a suspicious Diphtheria should be so treated without delay—not even waiting for the diagnosis to be confirmed by bacteriological examination.

The incidence of Scarlet Fever has been remarkably reduced throughout the Country during the latter period under review, but there are already signs of increasing prevalence. The great effort should be to maintain the present low incidence of this disease.

The splendid improvement in the Death Rates given above are the strongest testimony that the Local Authorities and the County Council have never ceased in the “spade-work” they have been called upon to carry out to improve the health of the public, and it is only after a period of years, such as related above, that the real advantage of work undertaken can be proved, and the financial expenditure of years gone by justified. Local Authorities must also be gratified with the enormous improvement in the general health of the public in the last twenty years as proved by various health returns. Much of this is no doubt the result of improved sanitation and housing, giving healthier surroundings and more freedom from disease.

**New Acts, Orders, Regulations, etc.,** which have come into operation during the first Quarter of this century :—

1902	...	...	Small Pox Hospital Order made by County Council.
1903	...	...	Midwives' Act, 1902, requiring registration of Midwives. Education Act 1902.
1904	...	...	C.M.B. Rules, governing the practice and conduct of Midwives.

1905	...	...	School closures on account of epidemic diseases carried out by County Medical Officer. Midwifery Scholarships and Nursing Scholarships first granted.
1908	...	...	London C.C. Act—Milk Supply giving London C.C. power to inspect County Dairies for Tubercular Cows. Swabs—bacteriological examinations for Diphtheria first provided by County Council.
1909	...	...	Medical Inspection—Elementary Schools—came into operation. The first Assistant School Medical Officer appointed. The Second Assistant School Medical Officer appointed.
1910	...	...	Four Health Visitors appointed—May 1st. Housing and Town Planning Act, 1909. Ophthalmic Work amongst school children by Assistant School Medical Officers inaugurated. County Nursing Association formed, primarily, as now, for the greater supply of Midwives.
1911	...	...	Notification of Births Act, 1907, adopted by the County Council, October 1st.
1912	...	...	Insurance Act, 1911, and treatment of Tuberculosis.
1913	...	...	Four extra Health Visitors appointed. Public Health (Tuberculosis) Regulations 1912, and commencement of Tuberculosis Scheme, May 1913; also the first Tuberculosis Medical Officer appointed.
1914	...	...	The Second Assistant Tuberculosis Medical Officer appointed.
1915	...	...	Cerebro-Spinal Fever—Measures for the diagnosis and prevention of spread first undertaken by the County Council.
1916	...	...	Maternity and Child Welfare Scheme issued by Ministry and very fully carried out by the County Council. First Infant Welfare Centre formed.

1917	...	...	Venereal Diseases Scheme inaugurated. Health Visiting Staff increased to 10.
1919	...	...	Isolation Hospitals Order forming whole County into one Isolation Hospital area issued by the County Council. Health Visiting Staff increased to 16. School Dental Scheme put into operation. School Clinics formed. County Bacteriological Laboratory insti- tuted.
1920	...	...	Children Act—Infant Life Protection visits by Health Visitors. Health Visiting Staff increased to 17. Part-time Infant Welfare Medical Officer appointed. Medical examinations in Secondary Schools commenced.
1921	...	...	Blind Persons Act, 1920. Treatment of Insured Tuberculous persons transferred to County Council.
1923	...	...	Treatment of Surgical Tuberculosis com- menced. Milk and Dairies Amendment Act, 1922. (Graded Milks).
1924	...	...	Complete survey of watercourses in County in connection with the Board of Agri- culture and Fisheries; many analyses of water made.
1925	...	...	Enlarged scheme for Tuberculosis treatment, X-Ray and operative treatment on school children at Cottage Hospitals, etc. Examination of milk samples from dis- trict Councils undertaken by the County Council at their Laboratory. Milk and Dairies (consolidation) Act, 1915.
1926	...	...	Fortieth Infant Welfare Centre formed. Health Visiting Staff increased to 18. Practically the whole County provided with a service of Certified Midwives.

## **The Staff and Institutions.**

The staff of the Health Department, of which there was none at the commencement of this century, now includes, besides myself, six Doctors, three School Dental Surgeons, one Ophthalmic Surgeon, one Superintendent and seventeen Health Visitors, twelve clerical staff, and two laboratory assistants. There are also four Tuberculosis In-patient Institutions and five clinics; and forty Maternity and Child Welfare Centres, besides three School Clinics, one Venereal Disease Clinic, and two Small-Pox Hospitals.

## **NATURAL AND SOCIAL CONDITIONS OF THE COUNTY.**

### **Area.**

The area of the administrative County is 524,197 acres. The twelve Urban Districts cover 39,915 acres and the thirteen Rural Districts 484,282 acres.

### **Population.**

The Population of the County at the Census 1921 was 260,326.

This year the estimated population supplied by the Registrar General is 274,600 against 273,100 for 1924.

### **Physical Features.**

The County is mostly a basin being drained by the two rivers Soar and Wreake. The Soar rises in the South and flows Northerly till it eventually empties itself into the Trent. Many streams join the Soar on its way to the Trent, the largest of these being the Wreake which rises in the Melton District and enters the Soar below Syston.

The Soar is navigable by means of canals, and is used for transport considerably around and below Leicester.

Elevations forming part of the Northern hills are found in the Charnwood Forest district, which is about 10 miles in length and 6 in breadth. The highest of these hills (Bardon Hill) is 853 feet above sea level.

Leicestershire is a great grazing county and fine beasts and sheep are bred and fed.

Woollen and cotton hose and boots are manufactured in several of the large towns around Leicester, and collieries and iron mines are largely worked.

The County is noted for its fox hunting and also for its fine cheese which includes the well known Stilton, which was first made early in the last century.

Although the County, owing to its many rivers and streams is considered low, it is actually high, and undulating. The climate is healthy and comparatively mild.

The number of inhabited houses at the Census 1921 was 58,849 and the number of families or separate occupiers was 60,560.

A penny rate in the County produces £5,969 but in addition a grant from the Treasury under the Agricultural Rates Act, 1923, of £684 is received in respect of each such rate so that the total sum represented by a penny rate is £6,653.

### **VITAL STATISTICS FOR 1925.**

Area (acres)	...	...	...	524,197
Population (Census 1921)	...	...	...	260,326
Population (estimated 1925)	...	...	...	274,600
Number of inhabited houses (1921)	...	...	...	58,849
Number of families or separate Occupiers (1921)	...	...	...	60,560
Sum represented by penny rate	...	...	...	£6,653

*The amount of Poor Law Relief or extent to which other forms of Medical Relief are realised.*

No information with reference to Poor Law Institutions or Relief is available at this office.

A summary of the chief statistical information relating to both Urban and Rural Districts, and to the County as a whole is given below. The respective returns for Rural England and Wales are given as a comparison.

The system with regard to the transferable deaths remains the same, a correct record therefore being maintained of persons actually belonging to the County.

		LEICESTERSHIRE COUNTY, 1925.						ENGLAND AND WALES.		
		Urban.		Rural.		Whole County.				
		114,000		160,600		274,600				
Population		No.	Rate	No.	Rate	No.	Rate.	Rates.		
Births .. .. .		2060	18·07	2814	17·5	4874	17·74	18·3		
Deaths (all causes and all ages) .. .. .		1319	11·57	1808	11·26	3127	11·39	12·2		
,, (under one year) ..		147	*71·00	201	*71·00	348	*71·00	*75·0		
,, (total Zymotic) ..		74	0·65	56	0·35	130	0·47	—		
Deaths from—										
The seven principal Zymotic Diseases.	Small Pox .. .. .	0	0·00	0	0·00	0	0·00	0·00		
	Enteric Fever .. .. .	1	0·01	2	0·01	3	0·01	0·01		
	Measles .. .. .	25	0·22	14	0·09	39	0·14	0·13		
	Whooping Cough ..	26	0·23	19	0·12	45	0·16	0·15		
	Diphtheria .. .. .	6	0·05	8	0·05	14	0·05	0·07		
	Scarlet Fever .. .. .	1	0·01	2	0·01	3	0·01	0·03		
	†Diarrhœa (under 2 years) .. .. .	15	*7·28	11	*3·91	26	*5·33	*8·4		
								Percentage of Total Deaths.		
								Urban.	Rural.	Whole County.
The eight chief causes of Death were :-	Heart Disease .. .. .	167	1·46	284	1·77	451	1·64	12·66	15·71	14·42
	Cancer .. .. .	143	1·25	186	1·16	329	1·20	10·84	10·29	10·52
	Phthisis .. .. .	106	0·93	111	0·69	217	0·79	8·04	6·14	6·94
	Cerebral Hæmorrhage .. .. .	93	0·82	106	0·66	199	0·72	7·05	5·86	6·36
	Bronchitis .. .. .	91	0·80	104	0·65	195	0·71	6·90	5·75	6·23
	Pneumonia .. .. .	62	0·54	106	0·66	168	0·61	4·70	5·86	5·37
	Congenital Debility ..	68	0·60	92	0·57	160	0·58	5·16	5·09	5·12
Influenza .. .. .		42	0·37	79	0·49	121	0·44	3·18	4·37	3·87

NOTES.—\*The Rates are calculated per thousand of the population except where marked (\*) which are per thousand registered births.

† The Diarrhœa Rates per thousand of the population are : Urban, 0·13; Rural, 0·07; Whole County, 0·09.

## Births.

It is unfortunate that I have again to record a further fall in the Birth Rate.

The Rate of 17·7 is 1·1 per thousand lower than last year and 0·6 lower than the Rate for the rest of the Country.

For several years attention has been called to the declining Birth Rate and this year it is the lowest recorded since 1919. Although no definite statement can be made to account for this, the probability of

house shortage and unemployment as contributory causes must not be overlooked.

YEAR	URBAN.		RURAL.		WHOLE COUNTY.		Rate for Rural England and Wales.
	Net No. Registered	Rate	Net No. Registered	Rate	Net No. Registered	Rate	
1921	2477	22·6	3232	21·1	5709	21·7	22·4
1922	2419	21·8	3103	20·0	5522	20·8	20·6
1923	2274	20·3	3045	19·4	5319	19·8	19·7
1924	2205	19·4	2925	18·3	5130	18·8	18·8
<b>1925</b>	<b>2060</b>	<b>18·1</b>	<b>2814</b>	<b>17·5</b>	<b>4874</b>	<b>17·7</b>	<b>18·3</b>

The births during 1925 numbered 4,874, of which 2,477 were males and 2,397 females.

The number of illegitimate births reported is only one higher than last year, viz., 172 against 171, comprising 96 males and 76 females.

The percentage of illegitimacy although 0·2 above last year's figure is still below that of the years previous to 1924.

This year's figure is 3·5 as compared with 3·3 in 1924. As was observed last year the male illegitimate births still outnumber the female.

The notification of Still Births still obtains under the notification of Births Act and applies to every child born after the 28th week of pregnancy. 35 notifications were received during the year.

### Deaths.

There is a slight but welcome decrease in the Death Rate this year. The Rate is 11·39 and compares very favourably with 12·2 for the rest of the Country.

The total number of deaths was 3,127 of which 1,583 were males and 1,544 females.

Although the Death Rate for the County has fallen, the Zymotic

Rate has risen from 0·24 to 0·47 and the number of deaths increased exactly 100 per cent. (65 to 130).

YEAR	URBAN		RURAL		WHOLE COUNTY		Rate for Rural England and Wales.
	Net No Registered	Rate	Net No. Registered	Rate.	Net No. Registered	Rate.	
1921	1240	11·3	1728	11·3	2968	11·3	12·1
1922	1237	11·2	1702	10·9	2939	11·1	12·9
1923	1189	10·6	1739	11·1	2928	10·9	11·6
1924	1333	11·74	1857	11·64	3190	11·68	12·2
<b>1925</b>	<b>1319</b>	<b>11·57</b>	<b>1808</b>	<b>11·26</b>	<b>3127</b>	<b>11·39</b>	<b>12·2</b>

Last year the eight chief causes of death were:—Heart Disease 13·89%, Cancer 11·03%, Cerebral Hæmorrhage 7·46%, Bronchitis 7·21%, Phthisis 6·90%, Pneumonia 5·74%, Influenza 4·48%, and Congenital Debility 4·26%. This year the percentages are:—Heart Disease 14·42%, Cancer 10·52%, Phthisis 6·94%, Cerebral Hæmorrhage 6·36%, Bronchitis 6·23%, Pneumonia 5·37%, Congenital Debility 5·12%, and Influenza 3·87%.

Only two of the above causes of death, Heart Disease and Congenital Debility show any increase, the remainder all claiming fewer victims than last year.

The following table shows the above-mentioned causes of death for 1925, and the previous quinquennial average together with the percentages for the whole county.

A glance at the table reveals the interesting fact that of the eight chief causes of death, all show a decline on the past 5 years average with the exception of Heart Disease and Phthisis.

Disease.	URBAN.				RURAL.				WHOLE COUNTY.			
	Previous Quinquennial Average		1925		Previous Quinquennial Average		1925		Previous Quinquennial Average		1925	
	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.	No.	Per Cent.
Heart Disease ...	145	11.71	167	12.66	219	12.59	284	15.71	364	12.23	451	14.42
Cancer ...	129	10.42	143	10.84	189	11.44	186	10.29	318	10.68	329	10.52
Phthisis ...	89	7.19	106	8.04	110	6.33	111	6.14	199	6.68	217	6.94
Cerebral Hæmorrhage	90	7.27	93	7.05	132	7.51	106	5.86	222	7.46	199	6.36
Bronchitis ...	94	7.57	91	6.90	101	5.81	104	5.75	195	6.55	195	6.23
Pneumonia ...	76	6.14	62	4.70	94	5.41	106	5.86	170	5.71	168	5.37
Congenital Debility	77	6.22	68	5.16	92	5.29	92	5.09	169	5.67	160	5.12
Influenza ...	33	2.67	42	3.18	62	3.57	79	4.37	95	3.19	121	3.87

Birth-rate, Death-rate, and Analysis of Mortality during the Year 1925.

(Provisional figures. The rates for England and Wales have been calculated on a population estimated to the middle of 1925, while those for the towns have been calculated on populations estimated to the middle of 1924. The mortality rates refer to the whole population as regards England and Wales but only to civilians as regards London and the groups of towns).

	BIRTH- RATE PER 1,000 TOTAL POPULA- TION.	ANNUAL DEATH RATE PER 1000 POPULATION.							RATE PER 1000 BIRTHS.		
		All Causes.	Enteric Fever.	Small-Pox.	Measles.	Scarlet Fever.	Whooping cough.	Diphtheria.	Influenza.	Diarrhœa and Enteritis (under 2 Years).	Total Deaths under One Year.
England and Wales .. .. .	18·3	12·2	0·01	0·00	0·13	0·03	0·15	0·07	0·32	8·4	75
105 County Boroughs and Great Towns, including London .. ..	18·8	12·2	0·01	0·00	0·17	0·03	0·18	0·09	0·30	10·8	79
157 Smaller Towns (1921 Adjusted Populations 20,000—50,000) ..	18·3	11·2	0·01	0·00	0·15	0·02	0·14	0·06	0·31	7·6	74
London .. .. .	18·0	11·7	0·01	0·00	0·08	0·02	0·19	0·11	0·23	10·6	67
Leicestershire .. .. .	17·7	11·4	0·01	0·00	0·14	0·01	0·16	0·05	0·44	5·33	71

## Infant Mortality.

It is a matter for regret that the decrease in Infant Mortality reported last year has not been maintained during the year under review.

Although 1925 was void of any periods of excessive heat during the summer, which tends to increase Infant Mortality, a much higher rate is recorded than in the previous year.

This increase may be partly accounted for by the greater number of deaths from Congenital Debility (24 more than last year) and also by the fact that there are 17 more deaths from Measles and Whooping Cough in children under one year of age.

The average Infant Mortality rate for the 5 years previous to 1921 was 75. Since that date it has averaged 66, showing the benefits that have accrued from Infant Welfare Centres and the satisfactory results of the teaching of Mothercraft in the County.

YEAR	URBAN		RURAL		WHOLE COUNTY		Rate for Rural England and Wales.
	No.	Rate	No.	Rate	No.	Rate	
1921	202	81	204	63	406	71	83
1922	168	69	199	64	367	66	77
1923	147	65	181	59	328	62	69
1924	151	68	158	54	309	60	75
<b>1925</b>	<b>147</b>	<b>71</b>	<b>201</b>	<b>71</b>	<b>348</b>	<b>71</b>	<b>75</b>

As will be seen by the above table the rate of 71 compares quite favourably with that of 75 for Rural England and Wales.

This rate of 71 although apparently high is still much lower than the rates prevailing before and during the years of war. From 1914 to 1918 the rates recorded were as follows :—91, 97, 70, 81, and 79—an average of 84.

The Infant Mortality of this County since 1909 has always been below that of the rest of the country, and the fact that Health Visitors were appointed in 1910 shows the beneficial result of their work, and also of the Infant Welfare Centres commenced in 1916.

The rates for the Urban and Rural Districts are the same as for the whole County, viz., 71.

There is an unfortunate increase in the number of deaths from Puerperal Sepsis—8 as compared with 3 last year.

Amongst the illegitimate children the number of deaths recorded was 19 giving a rate of 111 per thousand, as against 69 per thousand for the legitimate children.

The increase in the deaths this year, it is hoped, will not in any way damp the ardour of those whose efforts are expressly directed towards the reduction of Infant Mortality and improvement of conditions of child life.

The Infant Welfare Centres in the County are still doing a great work and it is hoped, with the various facilities available for advice and help to Mothers and also to expectant Mothers, that the low rate of last year was not merely transient but will eventually become permanent.

### **Diseases of the Respiratory Organs.**

The number of deaths under this heading have shown a marked decrease on 1924. Collectively Bronchitis, Pneumonia and other Respiratory Diseases accounted for 397 deaths this year as compared with 450, 358 and 422 in 1924, 1923, and 1922 respectively.

The average number of deaths from these diseases for the 5 years ending 1924 is the same as the number of deaths this year, viz., 397.

Of the total of 397, Bronchitis claimed 195, Pneumonia 168, whilst the remaining 34 were credited to Other Respiratory Diseases.

Last years figures were 450 deaths—Bronchitis 230, Pneumonia 183, and other Respiratory Diseases 37.

The following table gives the age incidence of the deaths from these diseases :—

DEATHS from Diseases of the Respiratory Organs.

AGE.	BRONCHITIS.				PNEUMONIA.				OTHER RESPIRATORY DISEASES.			
	Urban.		Rural.		Urban.		Rural.		Urban.		Rural.	
	M	F	M	F	M	F	M	F	M	F	M	F
...	...	...	...	...	...	...	...	...	...	...	...	...
Under One	6	5	4	3	10	8	15	14	3	10	18	24
1 to 2	...	1	1	...	3	1	6	4	...	...	9	10
2 to 5	...	1	2	1	3	2	4	1	1	...	7	6
5 to 15	...	...	1	1	...	1	3	1	1	...	3	2
15 to 25	...	...	...	...	...	...	7	1	...	...	7	1
25 to 45	...	...	1	2	8	2	10	3	2	2	18	6
45 to 65	...	4	6	8	10	16	15	2	2	1	25	4
65 and over	...	35	38	36	5	67	9	11	...	...	14	14
Totals ...	45	46	53	51	32	30	69	37	6	4	101	67
GRAND TOTALS ...	91	104	195	62	106	168	24	34	10	24	34	34

### **Organic Heart Disease.**

This disease still maintains the premier position as the chief cause of death in the County.

During the year 451 deaths were reported from this disease—an increase of 8 on last year.

The previous quinquennial average was 364 deaths or 12·23%. This year the 451 deaths represent a percentage of 14·42, and a rate per thousand of 1·64.

In 1924, 443 deaths were recorded giving a rate of 1·62.

221 of the deaths were in males and 230 in females, as compared with 220 and 223 respectively last year.

### **Cancer.**

The number of deaths registered as due to Cancer show a slight decrease on the preceding year—329 as against 352.

Of the 329 deaths 147 were in males and 182 in females.

This year the death rate is 1·20 and the percentage of total deaths 10·52, compared with 1·29 and 11·03% respectively in 1924.

During the 5 previous years the average number of deaths was 318.

For several years now I have pointed out the large number of deaths from this dreadful disease and the fact that in 5 years 1,619 people have succumbed to this scourge is more than serious.

Efforts are still being made by various research bodies and the Ministry of Health to discover the cause of Cancer, but up to the present nothing tangible has accrued.

Hereditary predisposition, special districts, houses, etc., all appear to play some part in the spread of the disease.

As however there is no evidence to show that cancer is infectious or contagious it has not been deemed necessary to make it compulsorily notifiable.

Certain cases however, are notified especially amongst workers in pitch, tar, paraffin and bitumen, and these are being investigated by the Home Office.

Undoubtedly the greater education of the public would assist in lessening the yearly mortality of cancer.

If the public could be taught to seek Medical advice in the early stages so that operative treatment could be undertaken there would be undoubtedly less deaths from this disease.

Unfortunately Cancer is a disease which generally commences with a small growth, in most cases painless, and it is only when such growth attains to a size as to cause pain and distress that the medical fraternity are consulted.

Often by this time the growth is such as to be inoperable, and nothing can be done to save the life of the patient. Numbers of these cases could no doubt be saved if medical advice was sought earlier. The presence of an abnormal swelling or growth in the breast of a female reaching middle life should be viewed with suspicion, and the same applies to any abnormal bleeding after middle life from the vagina or the rectum.

Various authorities have deemed it advisable to issue leaflets to the public impressing them with the importance and desirability of seeking medical advice and giving particulars of the early symptoms of Cancer in the various parts of the body

In my opinion this is a step in the right direction and I consider this well worth the money expended in such propaganda.

### **Cerebral Hæmorrhage.**

The deaths under this heading this year number 199 or 6·94% of the total deaths. Last year the figures were 238 deaths and a percentage of 7·46.

This percentage of 6·94 is an improvement on the previous two years when 238 and 223 deaths were reported, giving percentages of 7·46 and 7·62 respectively.

Of the deaths 101 were males and 98 females.

### **Congenital Debility.**

I regret to have to report a slight increase in the number of deaths from this disease this year.

160 deaths were reported as against 136 in 1924.

The male deaths totalled 96 and the female 64.

### **Cirrhosis of the Liver.**

The deaths from this disease are still increasing steadily—19 being registered this year against 15 in 1924 and 13 in 1923.

Of the deaths, 13 were in males and 6 in females.

### **Nephritis.**

70 deaths were attributed to this disease during the year, an increase of 2 on 1924 and 5 more than in 1923.

They were divided almost equally between males and females—36 and 34 respectively.

## **HOSPITAL ACCOMMODATION.**

### **Tuberculosis.**

The Sanatorium is at Mowsley and is provided with 56 beds. There is also a resident dispensary at Hinckley, containing 22 beds, and one at Coalville provided with 8 beds. Arrangements are also made for the admission of patients to Creton Sanatorium, Northamptonshire, and Bagthorpe Sanatorium at Nottingham.

Full particulars of these Sanatoriums and the number of patients admitted, etc., are given under the section dealing with Tuberculosis.

### **Small Pox.**

There is a Hospital at Syston with accommodation for 25 patients. Here there is a resident caretaker and arrangements have been made for immediate staffing of the hospital if any outbreaks occur. Dr. Taylor of Syston is the Medical Officer.

The Motor Ambulance provided by the Small Pox Hospitals Committee is kept at this hospital.

In the event of all the beds at this hospital being occupied further accommodation is available at Snarestone.

Snarestone Hospital with 34 beds is also in charge of a resident caretaker, and arrangements are in vogue, if the necessity arises, for the immediate reception of Small Pox cases. Dr. Salmond, a local practitioner, has been appointed Medical Officer to the Hospital.

### Isolation Hospitals.

The Isolation Hospitals in the County are in charge of the Isolation Hospitals Committee of the County Council, who have their own Clerk to attend to the admission of all Infectious disease cases. This Committee provide Permanent Hospitals at Melton Mowbray, Hinckley, and Blaby, containing 20, 20, and 16 beds; and Temporary Hospitals at Ibstock, Loughborough, Swannington, and Moira.

The following are the number of cases isolated in the above Hospitals during the year :—

DISTRICT.	Diphtheria.	Scarlet Fever.	Other Diseases.	Total.
Urban	75	172	1	248
Rural	116	164	13	293
Whole County	191	336	14	541

### Maternity Cases.

The Leicester and Leicestershire Maternity Hospital, Causeway Lane, Leicester, is provided with 23 beds. Here complicated cases of pregnancy are admitted; also patients from sparsely populated areas where it is impossible to obtain satisfactory midwifery services and patients with unsuitable housing accommodation.

6 cases were admitted during 1925.

The County Council make a grant of £50 and have the privilege of sending patients, the maintenance of whom must not exceed this amount.

In regard to unmarried expectant mothers these are admitted to St. Saviour's Home, Northampton. The number of cases during the year was 4.

In addition to the above £25 per year is allowed by the County Council to be expended in the Convalescent Home Treatment of nursing mothers.

This arrangement is far more economical than the Hostel which was opened by the County Council at Melton Road, in 1920, but after one year, owing to the paucity of patients for admission, was found to be too expensive to be maintained.

### **Other Hospitals.**

The Royal Infirmary with accommodation for 400 patients—334 adults and 66 children—receives cases from the County, and is supported by voluntary subscriptions and by donations.

The Faire Hospital, a semi-private institution, is available for County patients, and here, for a reasonable sum, persons of middle class can have operations performed, and also obtain medical treatment.

This Hospital is equipped with 27 beds.

At Loughborough there is a well-organised General Hospital containing 36 beds. Patients are admitted for medical or operative treatment. This institution has a separate Out-Patient Department, in which the County Venereal Diseases Clinic is held.

There are Cottage Hospitals at Ashby-de-la-Zouch (22 beds), Hinckley (13 beds), Market Harborough (14 beds), Lutterworth (8 beds), and Melton Mowbray (26 beds).

All these Hospitals derive their revenue principally from voluntary contributions, supplemented by payments for the use of private and semi-private wards, and income from investments and property.

### **For Children.**

In addition to the 66 beds at the Royal Infirmary already alluded to there are also children's wards in various other hospitals. (These are not subsidised by the County Council).

There is a Children's Convalescent Home at Woodhouse Eaves, where the County Council keep 15 beds occupied by County cases. Further reference to this will be found later in this report.

## **AMBULANCE FACILITIES.**

### **For Infectious Cases.**

There is a Motor Ambulance stationed at Blaby Isolation Hospital, and Horse Ambulances at Loughborough, Hinckley, Swannington and Melton Mowbray.

A Motor Ambulance is stationed at Syston Small Pox Hospital for the removal of Small Pox Cases.

### **For Accident Cases.**

The Leicester City Fire Brigade have 3 Motor Ambulances which are available for the removal of accident cases either in the City or County.

St. John's Ambulance Brigade also provide ambulances for accident cases at Loughborough, Coalville, and Market Harborough. This association also have one ambulance in the City which is used for cases in the County Districts adjoining Leicester.

## PREVALENCE AND CONTROL OVER INFECTIOUS DISEASES.

### Zymotic Deaths.

The diseases comprising the Zymotic Group are Small Pox, Enteric Fever, Measles, Whooping Cough, Diphtheria, Scarlet Fever, and Diarrhoea (under 2 years).

The Deaths from these diseases unfortunately show 100% increase this year as compared with last, the figures being 130 and 65.

The rate has consequently risen from 0·24 to 0·47.

This increase is due chiefly to Measles and Whooping Cough, the deaths from which number 39 and 45 against last year's figures of 5 and 15 respectively—a difference of 64.

Three deaths were recorded from Enteric Fever against 2 in 1924 and 6 in 1923.

The deaths from Infantile Diarrhoea have increased by 3 this year—26 against 23. The rate has risen from 4·48 to 5·33 but when comparison is made with the rate of 8·4 for the rest of the Country this figure is still very favourable.

YEAR.	URBAN.		RURAL.		COUNTY.	
	No.	Rate.	No.	Rate.	No.	Rate.
1921	45	0·4	88	0·5	128	0·5
1922	38	0·3	38	0·2	76	0·3
1923	59	0·5	79	0·5	138	0·5
1924	30	0·3	35	0·2	65	0·2
<b>1925</b>	<b>74</b>	<b>0·7</b>	<b>56</b>	<b>0·4</b>	<b>130</b>	<b>0·5</b>

**Notifications.**

The following are the number of Notifications received from the Urban and Rural Districts during the year under review.

DISEASE.	URBAN DISTRICTS.	RURAL DISTRICTS.	ADMINIS- TRATIVE COUNTY.
*Scarlet Fever .. ..	295	309	604
Chicken Pox .. ..	238	161	399
Pneumonia .. ..	178	193	371
*Diphtheria .. ..	137	148	285
*Erysipelas .. ..	61	91	152
Encephalitis Lethargica ..	12	16	28
Ophthalmia Neonatorum ..	10	12	22
*Small Pox .. ..	1	12	13
*Enteric Fever .. ..	2	9	11
*Puerperal Fever .. .	5	5	10
Cerebro Spinal Fever ..	1	2	3
Dysentery .. ..	1	1	2
Malaria .. ..	1	1	2
Tuberculosis (Lungs) ..	188	203	391
Ditto (other) .. ..	32	65	97
Poliomyelitis .. ..	—	1	1
TOTALS .. ..	1162	1229	2391

\* These figures were supplied by the Registrar General,  
for the 52 weeks ending 2nd January, 1926.

I again have to record an increase in the number of notifications. In all 684 more notifications are recorded than during the previous year. This large increase is due chiefly to Scarlet Fever and Chicken Pox.

The cases of Small Pox show a welcome diminution, only 13 cases being reported against 77 last year.

### **Small Pox.**

The prevalence of this disease in the County during the year 1924, continuing right up to December, has shown a marked abatement during 1925.

When it is pointed out that 27 cases were admitted to Hospital during the last three months of 1924 it seems remarkable that only 13 cases should occur during the whole of this year, and also that they should be in an entirely different part of the County to the 1924 epidemic.

Of the 13 cases reported 11 were admitted to Hospital, the other two being boys aged 13 and 14, whose father developed the disease, and on visiting the house it was discovered that both of these boys had contracted Small Pox in a mild form. This had not been diagnosed and when seen both boys were fully recovered and free from infection.

The 11 cases were immediately removed by motor ambulance, as soon as the information was received that they were suffering with Small Pox.

All were treated at Syston Small Pox Hospital and all made good recoveries.

The first intimation that Small Pox was prevalent in the County came to my notice on April 2nd when 4 patients (all one family) were admitted to Hospital.

Two more cases (1 from the above family) were removed to Hospital the next day.

No more cases came under observation for a month, and then on May 3rd a single case was detected and immediately isolated.

Two more patients admitted in June and 2 in October completed the outbreak. Up to the present time no further case has come to my notice.

The ages of the patients ranged from 7 to 57 years.

The male patients number 6 and the female 5.

Only two were found to have previously been vaccinated (both males aged 43 and 57) and then only in infancy.

The 13 notifications were received from the following districts :—  
Blaby Rural 6, Barrow Rural 4, Hinckley Rural, Wigston Urban and Ashby Rural, 1 each.

The cases reported and dates are as follows :—

April	2nd.	4	cases from Croft—Blaby R.D.
„	3rd.	2	„ „ „ „ „
May	3rd.	1	„ „ Stoke Golding—Hinckley R.D.
June	10th.	1	„ „ Wigston Magna Urban.
„	19th.	1	„ „ Snarestone—Ashby R.D.
Oct.	17th.	1	„ „ Mountsorrel—Barrow R.D.
„	20th.	3	„ „ Barrow—Barrow R.D.

The following is the report of the Medical Officer of Health of the Hinckley Rural District :—

“ A case of Small Pox of the exceeding mild type to which we have in recent years grown accustomed, occurred in Stoke Golding early in May. No difficulty whatever was experienced in securing the prompt vaccination of some factory operatives who had been exposed to infection, and no further case of the disease was recorded. The patient was removed to the Small-Pox Hospital at Syston.”

The Medical Officer of Health of Wigston Urban District reported that “ The case was of exceeding mild type to which we have recently grown accustomed, and occurred in a man who had worked in a factory in Leicester. He took to bed at the outset so there were not many contacts. Those most immediately exposed to infection were vaccinated in good time and the patient was removed to Hospital.”

Although Leicestershire has been free from Small Pox since October 1925 it has been very prevalent in other parts of England and Wales, and the rapid spread is shown by the official figures of cases notified. From 12/12/25 to 9/1/26 the weekly returns show that 144, 180, 178, 203, and 255 cases were notified each week respectively, a total of 960 which is three times greater than the figures for the corresponding period last year.

After many years quiescence Small Pox seems to be again greatly

in evidence and the 255 cases during the week ending January 9th is the largest number notified in any week for several years.

This prevalence has provided the Country with a good test as to the value of vaccination and in all districts where any cases occurred vaccination has stood the test uniformly. This feature should be noted by those people who belittle the value and importance of vaccination.

As was the case last year the disease is still of a mild type.

### **Diphtheria.**

I am pleased to report that this year both the incidence and fatality of Diphtheria are better than last year, but it is quite unaccountable that this disease, which is undoubtedly better known than any other notifiable disease, should trouble us to any great extent, considering that our powers over it are considerable.

The total number of fatal cases reported this year was 14 giving a death rate of 0·05 as compared with 0·07 for the rest of the Country.

Since 1916, the rate for this County has only been below that for Rural England and Wales on three occasions, viz., 1921, 1922 and the present year.

Only once before has the Death Rate from this disease been below that recorded this year, and that was in 1910 when only 10 cases proved fatal, giving a rate of 0·04.

The highest rate recorded was 1·05 in 1894, when no less than 218 deaths occurred, but this was previous to the free use of Anti-Diphtheretic Serum and before the General Practitioners were assisted in their diagnosis by Bacteriological Examination of suspicious cases of sore throat.

As will be seen by the following table the deaths are steadily decreasing and it is hoped that an even lower death rate will be attained next year.

The male deaths totalled 5 and the female 9—6 occurred in the Urban and 8 in the Rural Districts. All the deaths with the exception of two were children under 15 years of age.

The deaths in the Urban Districts were reported from Loughborough 2, and Ashby, Hinckley, Shepshed, and Wigston Magna, 1 each, and in the Rural Districts from Market Bosworth 5, and Ashby, Barrow, and Lutterworth, 1 each.

**DIPHTHERIA.—The following Table gives the statistics of this disease.**

Year.	No. of Notifications.			No. of Deaths.			* Attack Rate.			Case Fatality per cent.			* Death Rate.			* Death Rate for Rural England and Wales.
	Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County	
1921	199	205	404	9	19	28	1.82	1.34	1.54	4.54	9.27	6.93	0.08	0.12	0.11	0.12
1922	110	201	311	8	20	28	0.99	1.30	1.17	7.27	9.95	9.00	0.07	0.12	0.10	0.11
1923	64	203	267	2	28	30	0.57	1.30	0.99	3.13	13.79	11.24	0.02	0.18	0.11	0.07
1924	129	186	315	5	13	18	1.14	1.17	1.15	3.88	6.99	5.71	0.04	0.08	0.06	0.06
1925	137	148	285	6	8	14	1.20	0.92	1.04	4.38	5.41	4.91	0.05	0.05	0.05	0.07

\* Per 1000 of Population.

The notifications show a decrease of 30 on last year, the attack rate consequently falling from 1·15 to 1·04.

285 notifications were received and were distributed as follows :—  
Urban Districts: Ashby 18, Ashby Woulds 2, Coalville 44, Hinckley 8, Loughborough 23, Melton Mowbray 17, Shepshed 2, Thurmaston 1, and Wigston Magna 22. Total 137. Rural Districts: Ashby 22, Barrow 13, Belvoir 2, Billesdon 9, Blaby 10, Castle Donington 3, Hinckley 41, Loughborough 1, Lutterworth 6, Market Bosworth 32, and Melton Mowbray 9. Total 148.

In the Urban Districts Coalville again suffered most from this disease, no less than 44 cases occurring. This is however a much better record than was the case last year when 74 notifications were received. Of the 44 cases 15 were admitted to Hospital.

The Medical Officer of Health reports as follows :—

“ During 1925, 44 cases were notified, but no death was attributed to this cause. Most of the cases occurred at Ellistown, amongst the school children there, and were probably due to the presence in school of “ carriers.” On two occasions, the throats of the school children were examined, and those with throats of a suspicious nature, were excluded from school; and throat swabs from several of these children were examined and found positive. Serum, supplied by the Urban Council, was used in most cases. No use was made of the Schick Test. I believe the “ carrier ” agency was the main factor in the spread of the disease.”

“ During the last five years, 197 cases have been notified, resulting in 4 deaths.”

From the Loughborough Urban District 23 cases of Diphtheria were reported against 17 last year.

With the exception of 2 all these cases were reported during the first nine months of the year, viz., 8 in the first, 7 in the second, and 6 in the third quarter. 12 cases were isolated in Hospital.

A large increase in the notifications is noticeable in the Wigston Magna Urban District, 22 being received as compared with 9 last year. The Isolation Hospitals received 18 cases.

The Hinckley Rural District supplied the largest number of cases in the Rural areas, 41 cases being recorded as compared with 29 last year. The majority of these cases were reported from Earl Shilton, 24, and Barwell 12, the remainder being isolated cases in scattered parishes. 17 of the cases in the former village and all in the latter were admitted to Hospital. It is a noticeable fact that where there is, as in this area, an up-to-date Isolation Hospital, more cases are admitted to such institutions than in areas where no such Hospitals are available.

The epidemic at Earl Shilton and Barwell occurred during the first and last quarter of the year respectively.

The Medical Officer of Health reports as follows :—

“ Early in the year I furnished a special report on the incidence of Diphtheria in Earl Shilton. Although the number of cases is considerably above the average it is satisfactory to record that not one of the 43 notified cases proved fatal. There can be but little doubt that the prompt administration of Antitoxin has contributed materially to this result. Thirty-four cases were admitted to the Isolation Hospital.”

From the Market Bosworth Rural District 32 cases of Diphtheria were recorded against 55 in 1924. No serious epidemic was detected in this district, and with the exception of 18 cases from the village of Ibstock, the cases were scattered throughout the district.

All the cases from Ibstock, and 11 of the remainder were admitted to Hospital.

The notifications from the Ashby Rural District show another appreciable decrease this year, only 22 being received against 42 in 1924 and 102 in 1923. Only one village, Snarestone with 10 cases suffered to any great extent from this disease.

It is pleasing to report that the village of Measham which has for so long been in the public eye as having a reputation for this disease, has been practically immune from the disease this year, only 2 cases being reported.

In no instance was it deemed necessary to visit a school for the purpose of “ swabbing ” the children in attendance.

The steady increase in the notifications of Diphtheria is best indicated by the following yearly averages:—

1916 to 1920	...	...	average 308
1921 to 1925	...	...	„ 316

The corresponding figures for the Deaths are much better being 39 and 24 respectively.

It was not deemed necessary to close any school during the year on account of Diphtheria.

No use has been made of the Schick Test throughout the County.

**SCARLET FEVER.—The statistical information relating to Scarlet Fever is as follows.**

Year.	No. of Notifications.			No. of Deaths.			* Attack Rate.			Case Fatality per cent.			* Death Rate.			* Death Rate for Rural England and Wales.
	Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County	
1921	225	277	502	1	4	5	2.06	1.81	1.91	0.44	1.44	1.00	0.01	0.03	0.02	0.03
1922	129	169	298	2	3	5	1.17	1.09	1.12	1.55	1.77	1.67	0.02	0.02	0.02	0.04
1923	96	120	216	0	2	2	0.86	0.77	0.80	0.00	1.67	0.91	0.00	0.01	0.01	0.03
1924	101	145	246	0	2	2	0.89	0.91	0.90	0.00	1.37	0.81	0.00	0.01	0.01	0.02
1925	295	309	604	1	2	3	2.59	1.92	2.20	0.34	0.65	0.50	0.01	0.01	0.01	0.03

\* Per 1000 of Population.

### Scarlet Fever.

A glance at the preceding table shows a great increase in the number of notifications from Scarlet Fever this year as compared with last, 604 cases being reported against 246, an increase of 358.

Three deaths were reported, 1 being from the Urban and 2 from the Rural Districts. All were in females, 1 occurred at Thurmaston and 1 each in the Blaby and Market Harborough Rural Districts.

In the 5 years 1890 to 1894 no less than 200 deaths occurred, whilst the corresponding figure for the 5 years 1921 to 1925 was only 17.

In view of these figures it is apparent that the mortality of Scarlet Fever has decreased to a very large extent in recent years.

The cases reported from the Urban Districts totalled 295, and were distributed as follows :—Loughborough 82, Coalville 81, Melton Mowbray 38, Wigston 29, Ashby Woulds 16, Ashby-de-la-Zouch 14, Hinckley 14, Quorn 6, Oadby 6, Thurmaston 5, and Market Harborough and Shepshed 2 each.

The Medical Officer of Health for Coalville reports as follows :—

“ During 1925, no fewer than 81 cases were notified. It has been throughout of an exceptionally mild type and no fatality has occurred. Twenty-three cases were removed to Hospital. One case was discovered in the ‘ peeling ’ stage attending school, and according to his mother, the boy had ailed only about a day, and, according to her statement, had neither rash nor sore throat. During the last five years, 171 cases have been notified, and not a single fatality has occurred. No use has been made of the Dick Test.”

In the Rural Districts the cases reported were as follows :—Barrow-on-Soar 101, Blaby 45, Melton Mowbray 39, Ashby-de-la-Zouch 29, Market Bosworth 25, Market Harborough 24, Billesdon 20, Hinckley 16, Loughborough 3, Lutterworth 3, Castle Donington 3, and Hallaton 1. Total 309.

So far no use has been made of the Dick Test throughout the County.

### **Enteric Fever.**

Only 11 cases of Typhoid Fever were notified during the year, of which 3 proved fatal.

The notifications were received from the following districts:—Ashby Rural 3, Hinckley Urban 2, Belvoir Rural 2, and Barrow Rural, Blaby Rural, Loughborough Rural and Lutterworth Rural 1 each.

The deaths occurred at Hinckley 1, and in the Ashby Rural district 2. (2 males and 1 female).

The number of deaths during the last 5 years have totalled 16, whilst in the 5 years 1916-1920 they number 37. This steady decrease in the deaths from Typhoid Fever is highly satisfactory and indicates the improvement in the general sanitary condition and water supply of the County. This is more strikingly indicated when it is stated that 25 years ago, that is in the 5 years 1890-1894 the deaths totalled 188.

During the year 29 blood examinations have been made and of these 23 were found to be negative. Twelve specimens of fæces and 1 urine were examined but none of these were found to contain bacillus typhosus. These specimens were taken from patients previous to their discharge from Isolation Hospitals.

### **Erysipelas.**

152 notifications of this disease were received as follows:—Urban districts 61: Hinckley 18, Coalville 17, Loughborough 10, Melton 7, Shepshed 2, Ashby Woulds 2, Market Harborough 2, and Ashby-de-la-Zouch, Oadby, and Wigston Magna 1 each.

Rural Districts 91: Barrow-on-Soar 25, Ashby-de-la-Zouch 19, Hinckley 14, Blaby 13, Melton Mowbray 7, Market Bosworth 6, Castle Donington 2, Belvoir 2, and Billesdon, Loughborough, and Lutterworth 1 each.

This is more than twice the number of notifications received last year, viz., 71.

### **Measles.**

I regret to report an increase in the number of deaths from Measles this year as compared with 1924. The deaths totalled 39—25 in the Urban Districts and 14 in the Rural Districts. The male deaths totalled 24 and the female 15.

The Death Rate for the County is slightly in excess of that for Rural England and Wales ( $\cdot 14$  against  $\cdot 13$ ).

In 1924 only 5 deaths were recorded and 36 in 1923. For the 5 years previous to 1920 the yearly average mortality from Measles was 39, whilst in the last 5 years this average is 20.

### **Whooping Cough.**

In 1924 the deaths from this disease were only 15, this year the deaths have increased to 45, and the county rate is slightly higher than that for the rest of the country ( $\cdot 16$  against  $\cdot 15$ ).

The deaths chiefly occurred amongst the females (29), whilst the male deaths were 16, and it is interesting to note that although the population of the Rural Districts is 160,000 and the Urban Areas 114,000 the deaths in the Rural part of the County were only 19 whilst those in the Urban totalled 26.

The deaths occurred in the following districts:—Coalville Urban 10, Loughborough Urban 5, Ashby-de-la-Zouch Urban 4, Hinckley Urban 2, Market Harborough Urban 2, Ashby Woulds Urban 1, Shepshed Urban 1, Wigston Magna Urban 1, and Market Bosworth Rural 7, Ashby-de-la-Zouch Rural 3, Hinckley Rural 3, Lutterworth Rural 2, Blaby Rural 2, Barrow Rural 1, and Hallaton Rural 1.

The number of deaths in the last 5 years from Whooping Cough was 125, whilst in the five previous years it was 130.

### **Diarrhoeal Diseases.**

It will be seen by the following table that there has been only a slight increase in the number of deaths of children under 2 years of age from this disease. A total of 26 deaths is recorded which gives a death rate of  $5\cdot 3$  per 1,000 registered births.

This rate is much better than the corresponding rate of  $8\cdot 4$  for the rest of the country. The average yearly deaths from Diarrhoeal diseases in the last 5 years were 32 and in the 10 years 1912-1921 were  $37\cdot 5$ .

In several previous years it has been pointed out that the higher mortality occurs in the males as compared to the females, and this year is no exception, 15 male and 11 female deaths having been recorded.

# DIARRHOEAL DISEASES.

39

Deaths under Two Years of Age.										
Year.	Number.			Rate per 1000 Population.			Rate per 1000 Births.			England and Wales Rate per 1000 Births.
	Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County	
1921	28	32	60	0.26	0.21	0.23	11.30	9.90	10.51	11.5
1922	10	8	18	0.09	0.05	0.07	4.13	2.58	3.26	6.2
1923	19	15	34	0.17	0.10	0.13	8.36	4.98	6.39	7.7
1924	16	7	23	0.14	0.04	0.08	7.25	2.39	4.48	7.3
1925	15	11	26	0.13	0.07	0.09	7.28	3.91	5.33	8.4

### **Encephalitis Lethargica.**

28 notifications of this disease were received during the year, 12 from the Urban and 16 from the Rural districts. 15 deaths occurred—8 males and 7 females, 9 of these being reported from the Urban districts and 6 from the Rural districts.

This is a slight increase on the previous year when 12 deaths were reported, whilst in 1923 only 3 fatal cases were recorded.

### **Cerebro Spinal Fever.**

Three notifications were received and 2 deaths reported from this disease during the year. The deaths occurred at Loughborough 1, and the other in the Barrow-on-Sear Rural district. The same number of deaths were reported last year.

During the years 1920-1924 the number of deaths reported was 10.

Dr Fairer when requested visited patients suffering with symptoms of Cerebro-Spinal Fever, and during the year two Lumbar Punctures have been performed. Neither of these cases proved to be Cerebro-Spinal Fever. In all 7 specimens of Cerebro-Spinal Fluid have been examined in the laboratory and of these two were found to be positive.

### **Malaria and Dysentery.**

Only 2 cases of Malaria and 2 of Dysentery were notified during the year. Last year's figures were 1 and 2 respectively.

### **Influenza.**

There is a welcome decrease in the number of deaths from Influenza this year, viz., 121 against 143 last year.

These 121 deaths were nearly equally divided between males and females (62 and 59). 97 were in persons over 25 years of age.

### **Ophthalmia Neonatorum.**

The number of cases of this disease reported this year is 22 against 25 last year, and an average of 24 for the previous 5 years.

10 of the 22 cases were notified from the Urban and 12 from the Rural Districts.

Immediately a case of the disease is notified the Health Visitor is informed and she visits and makes a special report.

Ophthalmia Neonatorum.	Cases.			Vision Un- impaired	Vision Im- paired.	Total Blind- ness.	Deaths
	Noti- fied.	Treated.					
		At Home.	In Hospi- tal.				
—	*22	20	1	21	—	—	—

\* One case notified left the County before a visit could be paid.

The Midwives in the County are all supplied with Collosol Argentum, free of charge by the County Council.

The outfit consists of one bottle of Collosol Argentum, together with pipette, and a covering letter explaining the use of this preparation.

Fresh supplies are forwarded upon receipt of application for same.

### **Puerperal Fever.**

This year 10 notifications were received with 8 deaths against 4 notifications and 3 deaths last year.

The deaths were reported from the following districts:—Loughborough U.D. 2, Hinckley U.D. 1, Barrow-on-Soar R.D. 1, Blaby R.D. 1, Hallaton R.D. 1, and Market Bosworth R.D. 2.

Strict supervision prevails as regards all Certified midwives in cases of this disease, and the Health Visitor visits every case immediately the notification is received.

**Erysipelas.**

152 notifications were received this year, 61 from the Urban and 91 from the Rural Districts.

This is an increase of 81 on last year and 98 on the previous year.

**Schools Closed.**

The following schools were closed on account of infectious diseases during the year :—

Diseases.	No. of Schools Closed.	Average Period in Weeks.	No. of Children Affected.
Chicken Pox                    ...                    ...	1	$2\frac{1}{2}$	32
Influenza                    ...                    ...	1	1	30
Measles                    ...                    ...	5	$2\frac{1}{2}$	631
Mumps                    ...                    ...	1	$2\frac{3}{4}$	15
Scarlet Fever                    ...                    ...	2	$1\frac{3}{4}$	214
Whooping Cough                    ...                    ...	1	2	34
Totals                    ...                    ...	11	$2\frac{1}{4}$	956

## TUBERCULOSIS.

### PREVALENCE OF TUBERCULOSIS.

There is an increase of 88 in the number of Pulmonary Tuberculosis notifications, whilst the number of deaths is 3 less than recorded in the previous year.

The figures for 1925 are:—Notifications 391, Deaths 217, Death Rate  $\cdot 79$ , whilst the averages for the previous 5 years are 330, 199 and  $\cdot 75$ .

There were 97 cases of Surgical Tuberculosis as against 80 in 1924. The number of deaths was 57 as against 55 and the death rate  $\cdot 21$  as against  $\cdot 20$ .

In the Loughborough, Melton, and Hinckley areas the numbers of notifications are much the same but in the Leicester area in particular and in the Coalville area there have been considerable increases.

### (1) DETAILS OF SCHEME OF TREATMENT.

The number of beds provided at the different Institutions and the Out-Patient Dispensary arrangements will be seen on page 48, During 1925 these beds have been kept well filled and at one period 6 extra shelters were erected at Mowsley Sanatorium, whilst the 3 double shelters there have been in continual use for Non-pulmonary cases.

Thus Mowsley Sanatorium has often had 62 patients in residence. In addition the pressure on the accommodation at one period was such that 12 cases had to be sent to Institutions outside the County.

Of the advanced beds proposed at the Isolation Hospitals at Hinckley and Melton Mowbray, the former are not to be proceeded with but the 6 Bed Block at Melton is nearing completion. During the year several cases of an advanced type have been sent to the Bagthorpe Hospital, Notts., and the need for this class of bed grows more urgent year by year.

### PROPOSED ALTERATIONS TO SCHEME.

Land for the proposed new Sanatorium has been purchased in the Markfield area, 7 miles from Leicester, and steps are being taken to secure the co-operation of the Leicestershire Isolation Hospitals Com-

mittee to erect a joint Sanatorium and Isolation Hospital. When this increased accommodation is available the very undesirable practice of sending cases to Sanatoria outside the County will not be necessary.

## (2) CO-OPERATION WITH SANITARY AUTHORITIES.

The District Medical Officers of Health forward weekly particulars of original notifications, and quarterly, a return showing the cases deleted from their tuberculosis registers.

Copies of the Health Visitors' reports on the original notifications are sent to the District Medical Officers of Health whose attention is directed to any housing or other nuisances which may exist. Particulars of deaths from tuberculosis, collected from the Registrars, and of admission to institutions are also passed on in order that the vacated premises may be disinfected by the Local Sanitary Authority.

This continual exchange of information makes it possible to keep an up-to-date register of all the persons suffering from tuberculosis in the county.

It is interesting to note that the Ministry of Health authorise the removal from the Register as cured (a) Pulmonary cases that have shown no symptoms of active disease for 5 years. (b) Non-pulmonary cases showing no symptoms for 3 years.

## (3) CO-OPERATION WITH GENERAL AND SPECIAL HOSPITALS.

No difficulties are found in this respect and cases are sent to the Leicester Royal Infirmary. The common type of cases sent are Laryngeal or suspected Laryngeal cases, Tonsil and Adenoid cases, Eye cases and certain cases for X-Ray. Surgical cases are also sent to Mr. Lawson, the Surgeon at the Royal Infirmary and if necessary are measured for splints there. As far as our accommodation permits cases are admitted from the Royal Infirmary if the Tuberculosis Medical Officer concurs with the recommendation that Sanatorium treatment would be beneficial.

## (4) CO-OPERATION WITH MEDICAL PRACTITIONERS.

These arrangements are found to be satisfactory and all cases seen by Tuberculosis Medical Officers are sent by the Medical Practitioners.

#### (5) FOLLOWING UP OF CASES OF DOUBTFUL DIAGNOSIS.

No doubtful case of Tuberculosis is allowed to be discharged until a definite decision is come to, either as the result of repeated examinations or observations at an institution. Patients are often under observation at out-patient dispensaries over a period of a year or more.

#### (6) SUPERVISION OF HOME CONTACTS.

Numbers of "contacts" are examined at the dispensaries and in their own homes by the Tuberculosis Medical Officers. The number of home visits by Tuberculosis Medical Officers having increased to 508 as against 359 in 1924.

The Health Visitors, who last year made 4,495 visits to notified cases as against 3,797 in the previous year, are instructed to keep an eye on all contacts as far as possible and to send ailing persons to see the Tuberculosis Medical Officer. There is a large field for work in this direction and it is hoped in the coming year to extend "home visitation" considerably.

#### (7) SPECIAL METHODS OF DIAGNOSIS AND TREATMENT.

The ordinary routine Sanatorium treatment has been carried out and in addition 12 cases at Mowsley Sanatorium have been treated with Collosal Calcium injections and the Ultra Violet Ray Lamp (installed in 1925) has been used in about 30 cases. The type of case treated has been the early and surgical patient, while the advanced cases and those subject to hæmorrhage have been avoided.

Dreyer's Vaccine was also tried in a number of cases.

#### (8) RESULTS OF TREATMENT.

It cannot be said that any marked improvement resulted from the use of either Collosal Calcium or Dreyer's Vaccine. It is too early to hazard any definite opinion of the Ultra Violet Ray Lamp, but results have been hopeful.

## CONDITION OF PATIENTS ON DISCHARGE FROM SANATORIA DURING 1925.

		Mowsley.	Creton
Disease quiescent	...	71	33
Much improved	...	50	5
Improved	...	6	22
Stationary	...	9	5
Worse	...	2	2
		<hr/>	<hr/>
		138	67
		<hr/>	<hr/>

## (9) DENTAL TREATMENT OF TUBERCULOSIS CASES.

The Council does not provide dental treatment, yet much care has been taken to put in proper order the teeth of patients undergoing Sanatorium treatment. Patients are urged to have any treatment necessary carried out whilst they are at the Residential Dispensaries and to start their Sanatorium life with healthy mouths.

The dental treatment provided by many Approved Societies will help in this direction also.

## (10) NURSING OF ADVANCED CASES AND EXTRA NOURISHMENT.

The nursing of advanced Tuberculosis cases is carried out by the County Nursing Association under the supervision of the Tuberculosis Medical Officers. This work has been well done since its inception in 1922 and a payment of 1/3 per visit is made to the Association.

In 1925, 1,786 nursing visits were made to 34 patients of which number 18 died.

Since January 1922 extra nourishment, usually 5/- worth of eggs and milk per week has been provided in suitable cases. The type of case conforms to the requirements of the Ministry of Health. In 1925, £36 was spent on 12 patients.

## (11) NON-PULMONARY TUBERCULOSIS.

The present arrangements for treating Surgical Tuberculosis are of a temporary nature and are insufficient. This matter is receiving consideration and the Leicester City Council have been approached

with regard to a joint scheme for the provision of more adequate accommodation.

Surgical apparatus has been provided where patients were unable to afford the same.

(12 & 13) AFTER-CARE.

No definite scheme is in operation but patients are helped to find suitable work and aided in other ways by private charity as far as possible. A proper organisation for this kind of work is urgently needed.

(14) SHELTERS.

During the last 5 years 40-50 shelters and sets of bedding have been available for patients on the Tuberculosis Medical Officer's recommendation. The supervision of the shelters has been carried out by the County Nursing Association and this arrangement has been found satisfactory.

During 1925, 43 Shelters were in constant use and 9 new ones ordered in the previous year, were delivered. At the close of the year 52 shelters were available of which number, 6 were in temporary use at Mowsley Sanatorium.

(15) INCIDENCE OF TUBERCULOSIS.

It is apparent from the County statistics that the incidence of Tuberculosis corresponds as regards localities with the amount of industrial occupation. Hosiery and Boot and Shoe work lead the way as is only to be expected. No district seems to be marked out for special reference, if the factor of occupation is removed.

(16) SPECIAL METHODS OF PREVENTION.

It is realised that the best preventive work can be done by keeping in touch with the homes of the patients, and this side of the work is to be extended.

(17) SPECIAL DIFFICULTIES ENCOUNTERED.

The difficulty of getting cases in the early stage is still present as it has been all along. Here again work in the home and the gradual enlightenment of public opinion are likely to be beneficial.

T.B. 1. STATEMENT OF WORK carried out in connection with the Institutional Treatment of Tuberculosis during the period from 1st Jan., 1925, to the 31st Dec., 1925, and sundry particulars in connection with the scheme of treatment.

I.—DISPENSARIES.

Situation of Dispensary stating whether Residential or Visiting Station.	Number of persons, including contacts, who were examined for the first time during the period from 1st January, 1925, to the 31st December, 1925, at or in connection with the Dispensary or visiting Station and were :—		Total number Examined		Number of persons diagnosed to be suffering from Tuberculosis who were treated or supervised at or in connec- tion with the Dispensary or visiting Station during the year.		No. of Out-Patient Attendances.	
	Diagnosed as suffering from Tuberculosis.	Insured		Uninsured	Insured	Uninsured	Insured.	Uninsured.
		Insured	Uninsured					
<b>COALVILLE,</b> Residential and Visiting Wed., 10 a.m.	64	73	109	101	46	263	182	
<b>HINCKLEY,</b> Residential and Visiting Mon. and Thurs. 10 a.m.	36	66	46	85	25	246	143	
<b>MELTON MOWBRAY,</b> Visiting only Tuesdays, 10 a.m.	15	41	57	54	33	187	142	
<b>LOUGHBOROUGH,</b> Visiting only Thursdays, 10 a.m.	126	144	83	213	93	766	301	
<b>LEICESTER,</b> Visiting only Fridays, 2 p.m. Pensioners:— Tuesdays 10 a.m.	159	147	150	243	131	522	404	
Totals ..	400	471	445	696	328	1984	1172	

**T.B. 2.** 1.—*SANATORIA, HOSPITALS, AND OTHER RESIDENTIAL INSTITUTIONS, FOR THE TREATMENT OF TUBERCULOSIS (including Observation Beds at Dispensaries.)*

Name and Situation of Institution. (1)	Class of Cases Treated.	Number of Beds available for patients sent by the Council. (2)	Number of patients sent by the Council who were under treatment on the 31st Dec. 1924. (3) (4)		Number of Patients sent by the Council during the year ended December 31st, 1925. (5) (6)		Number of Patients sent by the Council who were discharged or died in the Institution during the year ended 31st December, 1925. (7) (8)		Total number of days during which the Patients referred to in columns 7 and 8 were resident in the Institution. (9) (10)		Average number of days which the Patients referred to in columns 7 and 8 were resident in the Institution. (11) (12)		Number of Patients sent by the Council who were under treatment on the 31st Dec., 1925. (13) (14)	
			Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured	Insured	Uninsured
<b>Mowsley Sanatorium,</b> Husbands Bosworth, Rugby	Female Adults P	50	24	6	58	28	59	27	8691	3670	147.3†	135.9 +	23	7
	Children P		..	21	..	37	..	42	..	6781	..	161.4	..	16
	Female Adults S	6	..	..	5	2	4	..	546	..	136.5	..	1	2
	Girls S		..	1	..	8	..	6	..	1169	..	194.5	..	3
<b>Coalville Residential Dispensary,</b> Bakewell St., Coalville.	Female Adults P	8	5	1	59	32	57	32	1507	840	26.4	26.3	7	1
	Girls P		..	2	..	9	..	11	..	301	..	27.4	..	..
<b>Hinckley Residential Dispensary,</b> Manor House, Bond St., Hinckley	Male Adults P	15	11	1	88	2	89	3	4513	154	50.7	51.3	10	..
	Boys P		..	1	..	3	..	2	..	175	..	87.5	..	3x
	Children S	7	..	7	..	8	..	10	..	832	..	83.2	..	4x
	Male Adults S		..	..	7	..	4	..	273	..	68.3	..	3	..
<b>Creaton Sanatorium,</b> Northampton.	Male Adults P	20—30	20	1	59	5	62	3	9036	377	145.7	126.3	17	3
	Female Adults P		..	..	2	..	2	..	265	..	132.5	..	..	..
<b>Brompton Hospital Sanatorium,</b> Frimley.	Male Adults P	?	1	..	..	..	1	..	91	..	91	..	..	..
<b>Royal Sea Bathing Hospital,</b> Margate.	Male Adults S	?	1	..	..	..	1	..	518	..	518	..	..	..
<b>Red Cross Pavilion,</b> West Heath, Birmingham	Male Adults AP	?	..	..	3	..	2	..	138	..	69	..	1	..
<b>Royal National Sanatorium,</b> Ventnor.	Male Adults P	?	..	..	1	..	1	..	84	..	84	..	..	..
<b>Branston Hall Sanatorium,</b> Lincoln.	Female Adults P	?	..	..	2	1	1	1	139	121	139	121	1	..
<b>Papworth Hall Colony,</b> Cambridge.	Female Adults P	?	..	..	2	..	1	..	64	..	64	..	1	..
	Male Adults P	?	..	..	1	..	1	..	133	..	133	..	..	..
<b>Preston Hall Colony,</b> Aylesford, Kent.	Male Adults P	?	..	..	1	..	1	..	85	..	85	..	..	..
<b>Grosvenor Sanatorium,</b> Kent.	Male Adults P	?	..	..	2	..	..	..	..	..	..	..	2	..
<b>Royal National Sanatorium,</b> Bournemouth.	Male Adults P	?	..	..	2	..	..	..	..	..	..	..	2	..
<b>King Edward VII Sanatorium,</b> Midhurst.	Female Adults P	?	..	..	1	..	1	..	181	..	181	..	..	..
<b>Burrow Hill Colony,</b> Frimley.	Male Adults P	?	..	..	1	..	1	..	184	..	184	..	..	..
<b>Holly Lane Hospital Sanatorium,</b> Smethwick.	Male Adults P	?	..	..	3	..	1	..	81	..	81	..	2	..
<b>Bagthorpe Hospital,</b> Notts.	Female Adults P	?	..	..	5	..	5	..	192	..	38.4	..	..	..
	Female Ad'ls AP	?	..	..	4	..	2	..	120	..	60	..	2	..
	Male Adults AP	?	..	..	2	..	2	..	280	..	140	..	..	..
	Children AP	?	..	..	..	2	..	2	..	250	..	125	..	..
Totals			62	41	308	137	298	139	27121	14670	..	..	72	39

† 5 patients stayed less than 6 weeks—Average stay of remainder was 171.1 days.

+ 4 " " " " " " " " " " 156.7 "

|| 1 " " " " " " " " " " 155.1 "

P Pulmonary Tuberculosis  
S Surgical Tuberculosis  
AP Advanced Pulm. Tuberculosis  
X 1 Case Re-Diagnosed



**T.B. 3. TUBERCULOSIS (Pulmonary and Other.)**

Year.	Number of Notifications.				Number of Deaths.			Death Rate.		
		Urban	Rural	Whole County.	Urban.	Rural.	Whole County.	Urban.	Rural.	Whole County.
1920	Lungs Other	159 36	135 39	294 75	81 30	82 41	163 71	0.73 0.27	0.54 0.27	0.62 0.27
1921	Lungs Other	188 34	190 37	378 71	94 35	107 31	201 66	0.86 0.32	0.70 0.20	0.77 0.25
1922	Lungs Other	162 26	157 36	329 62	95 27	110 33	205 60	0.86 0.25	0.71 0.21	0.77 0.23
1923	Lungs Other	185 38	161 46	346 84	85 13	120 27	205 40	0.76 0.12	0.77 0.17	0.76 0.15
1924	Lungs Other	144 34	159 46	303 80	90 27	130 28	220 55	0.79 0.24	0.81 0.18	0.81 0.20
Average for above 5 years	Lungs Other	169 34	161 41	330 75	89 26	110 32	199 58	0.80 0.24	0.71 0.21	0.75 0.22
1925	Lungs Other	188 32	203 65	391 97	106 33	111 24	217 57	0.93 0.29	0.69 0.15	0.79 0.21

**T.B. 4. TUBERCULOSIS: Notifications and Deaths.**  
**Shewing Age Periods.**

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
0 to 1	...	...	...	...	...	...	4	...
1 to 5	2	2	10	11	...	...	8	8
5 to 15	28	23	20	18	2	1	3	6
15 to 25	44	77	10	14	23	37	5	5
25 to 45	67	98	5	6	55	51	1	4
45 to 65	27	20	3	...	30	15	3	6
65 and upwards	1	2	...	...	1	2	1	3
TOTAL	169	222	48	49	111	106	25	32

DISTRICT.	Estimated Population.	NOTIFICATIONS OF TUBERCULOSIS.				DEATHS FROM TUBERCULOSIS.			
		Pulmonary.	Attack Rate.	Non- Pulmonary.	Attack Rate.	Pulmonary.	Death Rate.	Non- Pulmonary.	Death Rate.
URBAN	Ashby-de-la-Zouch	5,269	1.52	...	...	4	.76	4	.76
	Ashby Woulds	3,538	.85	2	.57	3	.85	...	...
	Coalville	22,070	1.5	3	.14	23	1.04	7	.32
	Hinckley	14,570	1.24	8	.55	18	1.24	5	.34
	Loughborough	26,530	2.26	6	.23	23	.87	7	.26
	Market Harborough	8,837	1.24	3	.34	8	.91	3	.34
	Melton Mowbray	9,862	1.42	3	.30	7	.71	1	.10
	Oadby	3,137	2.23	2	.64	2	.64	...	...
	Quorn	2,479	1.61	2	.81	1	.40	1	.40
	Shepshed	5,788	1.55	...	...	2	.35	1	.17
	Thurmaston	2,560	1.95	2	.78	3	1.17	...	...
	Wigston Magna	9,323	1.93	1	.11	12	1.29	4	.43
TOTALS.		114,000	1.65	32	.28	106	.93	33	.29
RURAL	Ashby-de-la-Zouch	18,150	.72	14	.77	7	.39	3	.17
	Barrow-on-Soar	26,770	2.40	20	.75	21	.78	2	.07
	Belvoir	3,295	.61	2	.61	1	.30	1	.30
	Billesdon	8,523	1.29	...	...	2	.23	...	...
	Blaby	18,630	1.39	6	.32	18	.97	5	.27
	Castle Donington	6,379	.47	2	.31	2	.31	...	...
	Hallaton	1,750	1.14	...	...	4	2.29	...	...
	Hinckley	15,690	.70	3	.19	13	.83	4	.25
	Loughborough	4,573	1.09	1	.22	4	.87	2	.44
	Lutterworth	10,350	1.35	4	.39	5	.48	1	.09
	Market Bosworth	24,120	1.08	6	.25	21	.87	2	.08
	Market Harborough	7,640	1.70	2	.26	4	.52	3	.39
	Melton Mowbray	14,730	.68	5	.34	9	.61	1	.07
TOTALS.		160,600	1.25	65	.40	111	.69	24	.15

## PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.

A list of the medical and nursing staff will be found on the second page of this report.

There is a clerical staff consisting of a chief clerk in the general department (H. Burditt) with 5 assistants. Chief Clerk in the Tuberculosis department (H. Collington) with 2 assistants. There is also a senior laboratory assistant (J. N. Graham) with one clerk.

The duties of the staff are co-ordinated; thus Dr. Fairer besides being Senior Assistant and Deputy County Medical Officer is Bacteriologist and Venereal Diseases Officer. Dr. Coward the Senior Tuberculosis Medical Officer is also Medical Officer for Maternity and Child Welfare, and Assistant County Medical Officer for these duties. Dr. Mary Weston devotes part of her time to School Medical Inspection and the remainder to Infant Welfare work.

### CLINICS AND TREATMENT CENTRES.

Particulars are given under the appropriate sections in regard to Infant Welfare Centres and V.D. Clinics; also Tuberculosis Dispensaries.

There are three School Clinics in the County, at Coalville, Melton and Hinckley; in the former two towns these clinics are held twice weekly. The School Medical Officer attends each Clinic once a week. Further particulars of these clinics are given in my School Annual Report.

### PROFESSIONAL NURSING IN THE HOME.

The only professional nursing is supplied by the County and District Nursing Associations which cover the whole County. The Leicestershire County Nursing Association provides nurses for the District Nursing Associations. The County Council, through the County Association, work in conjunction with their District Associations whose Nurses visit Tuberculosis patients who have been provided with shelters, and report periodically on their condition.

The County Council remunerate the Association for all visits made.

No professional nursing for infectious disease cases at home has been specially provided, but occasionally where Measles has occurred in villages, the Leicestershire County Nursing Association have provided a special nurse during the period of an epidemic.

## VENEREAL DISEASES.

The following are extracts from the Medical Officers' Reports of the work performed at the various Treatment Centres and Clinics.

### Loughborough.

#### NEW CASES.

The total number of new cases was 20 (14 males and 6 females) a decrease of 50% on last year. The male patients were 5 Syphilis, 5 Gonorrhœa, and 4 Non-V.D., whilst the females were 4 Syphilis, 1 Gonorrhœa, and 1 Non-V.D.

#### ATTENDANCES.

The total attendances were 522, a decrease of 195 on last year. These 522 attendances were made up as follows :—

Syphilis 390 (256 males, 134 females); Gonorrhœa 118 (110 males, 8 females); Non-V.D. 14 (12 males, 2 females).

The difference in attendances by the male and female Gonorrhœal patients is again greatly in evidence.

#### TREATMENT.

59 injections of "606" were given to 38 males and 21 females. Other forms of treatment were given, irrigations, vaccines, and bismuth compounds, making a total of 295.

95 doses of Arsenobenzol Compounds have been supplied to General Practitioners who hold the necessary qualifications.

67 Pathological Examinations were performed in connection with the diagnosis and progress of the disease.

The following table shows the work at the Clinic for the last 5 years :—

	M	F	M	F	M	F	M	F	M	F
	1921		1922		1923		1924		1925	
New Cases	22	6	27	16	20	16	29	11	14	6
	28		43		36		40		20	
Renewed Attendances	210	88	271	169	333	226	495	222	378	144
	298		439		559		717		522	
“ 606 ” Injections	34	0	37	35	41	36	42	21	38	21
	34		72		77		68		59	
Pathological Examinations	183		169		97		131		67	
“ 606 ” to General Practitioners	100		137		75		97		95	

During the six years this Clinic has been opened 226 cases (145 males and 81 females) have been treated, the number of attendances made being 3,037.

This is an average of 13 attendances per patient.

This year the average attendance is 26 per case indicating that patients are recognising the benefits of the Clinic and that regular treatment is essential.

### Leicester Royal Infirmary.

(Male Clinic).

I beg to report on the work of the Male Venereal Clinic at the Royal Infirmary, under your control and that of the Ministry of Health, for the year ending December 31st, 1925.

During this period, 405 patients presented themselves for diagnosis and treatment.

By clinical examination, 108 were suffering from Syphilis, 288 from Gonorrhœa and 9 were non-venereal.

8 patients were suffering from both acute Syphilis and Gonorrhœa; 49 others, after repeated clinical and pathological examinations, were found to be non-venereal and were discharged.

Of the new cases, 318 were from the City and 87 from the County.

12,893 attendances were made by patients on the books; of these 4,215 were treated for Syphilis, 8,669 for Gonorrhœa, 9 were non-venereal. 10,992 attendances were by city patients, and 1901 by County patients. 4,202 of the attendances were at times other than when the clinic was in session, for irrigations and other intermediate treatment, 3,751 being city and 541 County patients.

In every case treated the blood and discharges were submitted for pathological and bacteriological tests on one or more occasions for the purpose of diagnosis, aid to treatment, evidence of progress and proof of recovery. The cerebro-spinal fluid in many cases of Neuro-syphilis was submitted to Wassermann and other tests, and when advisable, Salvarsanised blood-serum injected intraspinally for their treatment.

To the patients suffering from Syphilis, 1,836 intravenous or intramuscular injections of Salvarsan substitutes and 849 intra-muscular injections of mercurial cream were administered; of these, 2,070 were for treatment of city and 615 of county patients.

To patients suffering from Gonorrhœa, 8,248 intra-urethral irrigations—anterior and posterior—were given and in a large proportion of these cases instrumentation, instillation, vaccines, prostatic and urethral massage were administered as necessary treatment.

#### IN-PATIENTS.

89 patients were admitted to the wards, 59 being city and 30 county patients—29 were highly infectious; 15 suffered from Epididymitis—8 of these having this complication on admission; 3 cases of Neuro-syphilis were admitted for test of cerebro-spinal fluid and 3 for intraspinal injections; 1 for arsenical dermatitis; 1 for cardiac syphilis; 1 for tubercular epididymitis and one for cancer of the tongue, secondary to Syphilis. There were 42 operations performed under anæsthesia. All the patients recovered or were relieved as the result of treatment.

## RESULTS.

(1) The number of patients who ceased attendance before completing the first course of treatment were:—Syphilis 19, and Gonorrhœa 41.

(2) Who ceased attendance after completing one or more courses, before completion of treatment necessary:—Syphilis 32, and Gonorrhœa 46.

(3) Who ceased attendance after completion of treatment, but failed to submit themselves to final tests:—Syphilis 175, and Gonorrhœa 429.

(4) Transferred to other Clinics:—Syphilis 1, and Gonorrhœa 9.

(5) Who completed treatment and submitted themselves to repeated tests and were clinically and pathologically proved to be cured:—Syphilis 28, and Gonorrhœa 73.

The Ministry of Health Inspector, Dr. Quine, requested that the patients who had not attended during the six months ending December 31st, 1925, for observation or treatment, should be written off the books, and this has been done.

## TESTS.

The patients described as cured are submitted to exhaustive tests, in accordance with the rules laid down by the Ministry of Health.

## POINTS OF MATERIAL INTEREST.

During 1924, there was a decrease of 18% in the number of new cases admitted to the Clinic. During 1925 there was an increase of 13%—chiefly due to the incidence of Gonorrhœa. There is a further increase in the number of attendances for treatment.

This increase is chiefly caused by the attendances of city patients suffering from Gonorrhœa.

Every effort has been made to persuade and encourage patients to persist in their attendances for treatment, until all symptoms have disappeared and the necessary tests have been made to prove that their cure is complete.

Dr. Raffan, the former Inspector from the Ministry of Health has

paid one official visit and Dr. Millard, the city Medical Officer of Health has paid four such visits of inspection.

The Board of Governors of the Royal Infirmary have afforded me every assistance and facility for the efficient working of the clinic.

I wish to thank my colleagues, Dr. Atkinson, Dr. Mackarell, and my non-medical co-workers for their efficient help and loyal support during the past year.

HENRY J. BLAKESLEY, F.R.C.S. Eng.,  
*Medical Officer in Charge,*  
*Male Venereal Clinic, Leicester Royal Infirmary.*

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### **Leicester Royal Infirmary.**

(FEMALE CLINIC).

The number of patients seen for the first time during 1925 is 265.

Of this number 67 were from Leicestershire—of these 39 suffered from Syphilis, 27 suffered from Gonorrhœa, and 1 showed no signs of venereal disease.

In the Out-patient department, the total attendances of patients numbered 5,753.

1,161 were from the County of Leicestershire—of these 868 attended for treatment of Syphilis, 292 for Gonorrhœa, and 1 showed no signs of venereal disease.

The number of children from the County seen for the first time has been 22.

10 pregnant women have presented themselves for treatment.

#### **TREATMENT FOR SYPHILIS.**

This has been by the administration of drugs :—(a) by injection, (b) by mouth, and (c) by inunction.

Drugs used have been Neokharsivan—used intravenously, Sulfarsenol and metallic bismuth used intra-muscularly.

The number of persons treated has been 22. The total number of injections given has been 426. As a course about 10 weekly injections have been given. At the same time mercury, potassium iodide or bismuth have been given.

Infants whenever possible have been treated for a year whether signs of disease are present or not.

#### TREATMENT FOR GONORRHOEA.

Local disinfections by dressings, tampons, pessaries, or douches are made as frequently as possible.

Tonics for the anæmia caused by the disease are given—as iron, arsenic, cod liver oil emulsions, etc. Alkalies are administered in acute cases.

The total number of patients discharged after completion of treatment and observation for disease during the year has been 87.

#### IN-PATIENTS.

128 cases have been treated in the ward during the year. 44 of these have been from the County. 12 confinements have taken place. 2 cæsarian sections have been performed for contracted pelvis complicated by venereal disease. 1 case of streptococcal septicæmia admitted in labour died, and the baby. In this case Gonorrhœa was not definitely diagnosed. 3 operations for Curettage have been performed. 3 cases of Bartholin's abscess have been opened under general anæsthesia. 4 cases of Salpingitis subsided after rest and disinfection without operation.

The total number of in-patient days of treatment given during the year to county patients has been 1,068.

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#### **St. Mary's Home.**

The work is carried on in three parts:—(a) Work in the Hostel containing 9 beds. (b) Work at the weekly clinics. (c) Work every day carried on by the Sister in charge according to prescription.

The total number of new cases treated during the year has been 75 with 8 babies.

In the Hostel the number of days of residence has been 2,702.

The number of days of residence of babies has been 521.

From the County the number of girls admitted has been 8 and 3 babies. The days of residence of these girls have numbered 777 and of babies 171.

6 cases of Gonorrhœa have been admitted. 2 cases of Syphilis and Gonorrhœa.

3 County girls were confined at the Royal Infirmary ward and returned to the Hostel.

9 County girls have been discharged during the year.

Since February two clinics have been held weekly :—Mondays for Hosted girls; Thursdays for working girls.

Necessary dressings are done at convenient times.

The number of injections for Syphilis given to County girls has been 63 :—32 intravenous injections of Neokharsivan; 31 intramuscular injections of metallic bismuth.

The weekly clinic is held on Thursday evenings. The total number of new out-patients has been 44. 6 only have attended from the County. All new County patients this year have been advised to come by doctors.

BESSIE W. SYMINGTON, M.D., B.S. Lond.,

*Medical Officer of Female Venereal Clinic.*

## COUNTY LABORATORY.

The following is the summary of investigations carried out during the year :—

	Posi- tive.	Nega- tive.	Total.
Sputa for Tubercle Bacilli ... ..	284	794	1078
Throat Swabs for Diphtheria ... ..	128	789	916
Milk examinations (bacteriological) ... ..	—	—	695
Sewage and Water analyses ... ..	—	—	255
Hair for Ringworm ... ..	110	96	206
Wassermann Tests (collection of blood only)	28	86	114
Urine (General and Bacteriological) ... ..	—	—	97
Films for Gonococci ... ..	28	29	57
Urine for Tubercle Bacilli ... ..	17	25	42
Widal Tests for Typhoid Fever ... ..	6	23	29
Differential Blood Counts ... ..	—	—	19
Fæces for Bacillus Typhosus ... ..	0	12	12
Throat Swabs for Meningococci ... ..	0	11	11
Cerebro Spinal Fluid for Meningococci ... ..	2	5	7
Water examinations for Bacillus Coli ... ..	4	1	5
Pleuritic Fluid for Tubercle Bacilli ... ..	0	4	4
Serum for S. Palida ... ..	1	2	3
Miscellaneous ... ..	—	—	11
			3,561

The above total is the largest number of investigations which has so far been completed in one year, and is an increase of 391 on last year and 1,112 on the year 1920 which was the laboratory's first year.

The number of investigations performed since the laboratory opened is 16,882.

The laboratory is kept open every day, Sundays and Bank Holidays, so that there is no delay in reporting results of urgent examinations to general practitioners.

The whole of the bacteriological work of the County with the exception of Wassermann Tests and Histological Examinations is carried out in the laboratory.

Another room has been acquired, the necessary alterations made and new apparatus obtained, to enable bacteriological examinations of milk to be carried out on a larger scale.

The Urban and Rural District Authorities were informed of the facilities available and 8 Urban and 5 Rural Districts fell in with the scheme, further details of these milk examinations which totalled 695, will be found under the sub-heading "Milk Examinations."

#### TUBERCULOSIS.

The total number of specimens of sputa examined during the year was 1,078, and of these 284 were found to contain the causative organism. The specimens were received from the following sources :— General Practitioners 527. Tuberculosis Medical Officers 524. Ministry of Pensions 27.

The number of specimens received from the Ministry of Pensions has decreased whilst those received from the General Practitioners and Tuberculosis Medical Officers have increased by 32 and 64 respectively.

In addition to these specimens of sputa 42 samples of urine were examined for the presence of the same organism, which was present in 17 of them.

#### DIPHTHERIA.

One hundred and twenty-nine of the 916 throat swabs examined for the bacillus of Diphtheria were positive. The large number of negative swabs is partly accounted for by those received from the Isolation Hospitals prior to the discharge of patients, and from general practitioners who forwarded swabs from all patients with sore throats.

No epidemics occurred amongst school children necessitating "swabbings" to detect and isolate probable "carriers."

#### MILK EXAMINATIONS.

A report has already been given of 589 specimens. The remaining milk examinations were from Grade "A" Producers or others interested in the condition of the milk supplied to or retailed by them. From Grade "A" Producers alone 36 specimens were examined and as a result of adverse reports one producer has now discontinued the supply of Grade "A" milk.

Excluding this Producer the results of the 23 examinations of Grade "A" milk supplied to the county give an average count of 19,400 with Coli in 1/100th c.c., (1 case only) in 1/10th c.c., 5 cases and no Coli in 1/10th c.c. in 17.

With reference to the one case where Coli was present in 1/100th c.c., investigations revealed the presence of this micro-organism in the Water Supply at the farm.

A fresh supply of pure water was substituted and every examination since has proved the milk to be of Grade "A" quality.

The standard for Grade "A" milk is less than 200,000 micro-organisms per c.c. and Coli is only allowed in 1/10th c.c.

#### SEWAGE AND WATER ANALYSES.

During the year 255 samples of water and sewage effluent were analysed, 102 more than in 1924. These were received from drinking supplies, sewage farms, rivers and streams. In July and September samples were taken in conjunction with the Ministry of Agriculture and Fisheries from the river Soar at various points in connection with the Hydrographical Survey of the Trent Watershed.

#### RINGWORM.

206 specimens of hair were examined and of these 110 were found to show the spores of Ringworm. All these specimens were received from the School Medical Officers and School Nurses, the majority being collected at the three School Clinics in the County.

#### VENEREAL DISEASES.

The total number of examinations made in connection with Venereal Diseases was 174, of these 114 were specimens of blood for Wassermann Test, 57 were films for Gonococci and 3 were specimens of serum for S. Pallida.

Of the films for Gonococci 28 were found to contain the organism, and 28 of the Wasserman Tests were positive. Of the 3 specimens examined for Spirocheata Pallida one was positive.

#### URINE ANALYSES.

Ninety-seven specimens of urine were examined during the year.

## TYPHOID FEVER.

Twenty-nine examinations of blood were made and of these 6 were found to be Typhoid Fever. Twelve specimens of fæces were examined but none of these was positive. These specimens were from the Isolation Hospitals, previous to the discharge of Typhoid patients.

J. A. FAIRER,

*Assistant County Medical Officer and Bacteriologist.*

The following are extracts from an article by Dr. Fairer on "The Bacteriological Examination of a County Milk Supply":—

"It was with the object of determining the character of the milk supplied to the people of Leicestershire that the following scheme was initiated. Having in the previous two years examined 337 samples from different portions of the county, including 'catch samples' from grade 'A' producers and others desirous of obtaining grade 'A' certificates, it was thought desirable that examinations should be made on a larger scale.

The sole aim was to inform the different authorities of the bacteriological conditions of the milk supplied in their districts. Also it was hoped that the result of these examinations communicated to the council concerned, and through them to the retailers, would stimulate interest in the production of a purer milk supply for the whole of the county.

It was first necessary to circularise the authorities, asking them to avail themselves of the facilities at our command, and it was agreed to charge the sum of 2/6 per sample.

Instructions were then given to the sanitary inspectors of these areas, and each was individually seen, and arrangements made as to which days the specimens should be received in the laboratory, full particulars as to time of collection and despatch to be given. In each case it was considered essential that the samples should be brought to the county laboratory as soon after collection as possible.

In every case the samples were those collected as delivered to the consumers in the morning between eight o'clock and 10 o'clock, and they were then brought either by train or by motor bus by each inspector to Leicester. In no case was there an interval of over six hours between the collection of the sample and its examination.

It was decided to use terms of comparison which would be easily understood by the lay mind, and the milks were reported as 'Good,' 'Fair,' 'Moderate,' and 'Bad.'

In reporting to the urban and rural districts the actual figures were not given, only the standards, but where the report was other than 'Good' the reason was stated. Thus a milk returned as 'Fair' might read coli rather high or bacterial count rather high. Any milk which was rather high in both coli and count was returned as 'Moderate.'

The results of the bacteriological examination of the 589 specimens are tabulated in Table I.

The figures in parentheses show the number of 'Good' samples which were within the grade 'A' standard (*i.e.*, contained less than 200,000 micro-organisms per c.c. and no bacillus coli in 1/100 c.c.)

Of the 320 specimens reported 'Good' it will be noted that 265 came within grade 'A' standard, that is 82.8 per cent. It is particularly gratifying to be able to report that out of the 589 samples examined 265 were grade 'A,' that is 45 percent. Even admitting that the specimens were all fresh early morning samples examined within six hours of collection, these figures indicate that many of the producers are taking a fair amount of care to ensure a cleanly milk supply.

TABLE I.  
1st February to 31st December, 1925.

Urban Districts.	Total.	Good.	Fair.	Mod.	Bad.	% Good.
"A" ...	10	7 (4)	1	0	2	70.0
"B" ...	51	35 (33)	7	0	9	68.6
"C" ...	50	31 (24)	8	0	11	62.0
"D" ...	10	6 (4)	2	2	0	60.0
"E" ...	78	44 (39)	17	7	10	56.4
"F" ...	72	29 (24)	17	2	24	40.3
"G" ...	30	12 (12)	8	1	9	40.0
"H" ...	6	1 (0)	0	0	5	16.6
Total Urban districts ...	307	165 (140)	60	12	70	53.7
Percentages ...	—	53.7 (45.6)	19.6	3.9	22.8	—
Rural districts.						
"I" ...	48	40 (37)	7	0	1	83.3
"J" ...	62	40 (27)	9	0	13	64.5
"K" ...	105	50 (45)	23	1	31	47.6
"L" ...	18	8 (7)	0	0	10	44.4
"M" ...	49	17 (9)	13	1	18	34.7
Total Rural districts ...	282	155 (125)	52	2	73	54.9
Percentages ...	—	54.9 (44.4)	18.4	0.7	26.0	—
Total Urban and Rural districts ...	589	320 (265)	112	14	143	54.3
Percentages ...	—	54.3 (45.0)	19.0	2.4	24.3	—

A record was kept of the temperatures of all the specimens, and the following table shows how warm weather affects the standards of the milk. (Table II).

From this table it will be seen that whilst the number of milks 'Fair' and 'Moderate' remain fairly stationary, being between 19 and 22.4 per cent., the percentage of 'Goods' steadily decreased with the rising of temperature from 63.8 per cent. to 36.4 per cent., and the 'Bads' increased from 13.8 per cent. to 44.8 per cent.

TABLE II.  
*Temperatures.*

		Good.	Fair.	Mod.	Bad.	Total.
Up to 55°F. ...		125	35	9	27	196
Percentages ...		63·8	17·8	4·6	13·8	—
56°F. to 60°F. ...		77	25	2	23	127
Percentages ...		60·6	19·7	1·6	18·1	—
61°F. to 65°F. ...		74	32	0	39	145
Percentages ...		51·0	22·1	0	26·9	—
Over 65°F. ...		44	20	3	54	121
Percentages ...		36·4	16·5	2·5	44·6	—

The sanitary inspectors all remark on the beneficial results of the examinations. At first the retailers were not over anxious to have specimens taken; however, later, with a good report, they desired to maintain that standard, or with an adverse report on the first occasion they were eager to know the result of a further sample.

Many of the clerks to the urban and district authorities, and also the local medical officers of health, have expressed their approval of the scheme and reported an improvement in the milk supplied in their districts.

Not a single authority has decided to discontinue the tests for the coming year, but instead have asked for more examinations.

In addition, six further rural authorities have resolved to have samples collected in their districts during the coming year."

## MATERNITY AND CHILD WELFARE.

Steady advancement has been made in this work and it is much appreciated and proving helpful to all who avail themselves of the benefits under the scheme.

During the year 3 additional Infant Welfare Centres have been opened making a total of 37 in operation in the county. It is contemplated that 2 further Centres will open early next year.

All Centres are under the supervision of the Medical Officers, and every effort is made for the attendance of a Medical Officer at least once in every four weeks. Unfortunately the number of Centres make it necessary to consider the advisability of some addition to the Medical Staff, if this attendance has to be maintained, as each week 25 meetings are held and if Dr. Coward and Dr. Mary Weston attend a Centre every day (none are held on Fridays and Saturdays) only 8 Centres are visited per week.

During the year 259 visits were made as follows:—Dr. Mary E. Weston 113, Dr. N. A. Coward 113, Dr. J. A. Fairer 34, Dr. T. Robinson 9, and Dr. J. B. Dalton 6.

Last year the number of visits was 262.

The Health Visitors attend all the Centres for the purpose of weighing the children and giving advice to the mothers.

The list of Centres in operation in the County is as follows:—

CENTRE.	WHERE HELD.
* Ashby-de-la-Zouch	Parish Room
† Asfordby	Wesleyan School Room
† Anstey	Church Room
† Barrow-on-Soar	Church Room
† Barwell	Co-operative Hall
† Blaby	Baptist Room
* Coalville	Primitive Methodist School Room
† Cosby	Primitive Methodist School Room
† Desford	Men's Institute
† Enderby	Mission Room
† Earl Shilton	Co-operative Hall
† Evington	Village Hall
† Fleckney	Mission Hall

CENTRE.	WHERE HELD.
† Glenfield	Village Institute
* Hinckley	Holy Trinity Hall
† Kibworth	Village Hall
† Lutterworth	Church Hall
* Melton Mowbray	Wesleyan School Room
* Moira and Donisthorpe	Church Room
* Mountsorrel	Reading Room
* Measham	Baptist School
† Narborough	Church Room
† Newbold Verdon	Baptist Chapel Room
† Oadby	Adult School
* Quorn	Village Hall
† Rearsby	Church Leys
† Rothley	Village Hall
† Shepshed	Primitive Methodist School Room
* Sileby	Pochin Hall
† Shackerstone	School Room
* Syston	Primitive Methodist School Room
† South Wigston	Church Room
† Stathern	War Memorial Institute
* Whitwick	Constitutional Club
† Wigston Magna	Co-operative Hall
† Whetstone	Congregational School Room
* Held every week	
† Held twice a month	
‡ Held once a month	

### Infant Welfare Exhibition.

During the year an Exhibition in connection with Maternity and Child Welfare was held at various Centres and proved an eminent success.

A Circular letter was addressed to all Ministers of Religion, Teachers, Women's Institutes and Local Societies in the immediate vicinity of the Centre at which the Exhibition was held, with a view to advertising it as much as possible.

The exhibition was open to the public for two afternoons, from 2 p.m. to 6.30 or 8 p.m., according to the wishes of the Local Committee.

The first morning was occupied in preparing the stalls, etc., and unpacking the various articles that were required. On the second morning the elder girls from the Elementary Schools were admitted by arrangement with the Director of Education.

The stalls consisted of (1) Expectant Mother, (2) Baby's Sleep, (3) Baby's Clothing, (4) Baby's Food, (5) Simple Remedies, (6) Thrift.

At each stall someone was in attendance to give necessary demonstrations and explanations.

Lectures were given by the Health Visitors in the afternoon and evenings by one of the Medical Officers. The Lectures generally took the form of a talk on some matter in connection with health, by the latter, and a simple address on Infant Welfare by the former.

During the year the exhibition was held at 7 Centres :—Newbold Verdon, Syston, Stathern, Enderby, Ashby, Coalville and Melton.

Good attendances were in evidence at all of the above with the exception of Newbold Verdon. This is only a small Centre and the exhibition was taken there in the hope of arousing more interest in the Infant Welfare Centre. The weather on the two exhibition days at this village was also very inclement and this undoubtedly had much to do with the small attendance.

Up to the present very considerable interest has been shown in the exhibition and I am hoping that a still wider interest will be forthcoming, and that the result will be of considerable educational advantage and much benefit as regards the health of the mothers and babies of the county.

During the year Lantern Lectures were held at 7 Centres in accordance with the Council's scheme.

The County Maternity and Child Welfare Committee have during this year spent approximately £200 in supplying milk to necessitous mothers, and children under three years of age.

## INSPECTION OF MIDWIVES.

With regard to the supervision under the Midwives' Acts 1902 and 1918, this is undertaken by the County Health Visitors and the work of the Midwives in the County is closely supervised by the Superintendent Health Visitor and her staff.

In consequence of this there is a decrease in the number of occasions where Midwives are found to have been neglectful in their duties under the Rules of the Central Midwives' Board.

The number of Midwives who notified their intention to practice in the county during the year was 181 and of this number 12 left the county before the end of the year, one ceased to practice, and 1 died. Of the 181, 153 held the C.M.B. Certificate, 6 the L.O.S. Certificate and the remaining 22 were *bona-fide*.

Five years ago (1921) the number of midwives who gave notice of practice was 151 and of these 33 were *bona-fide*. This year it will be noticed that there are only 22 *bona-fide* Midwives in practice out of a total of 181.

In 1905 the number of midwives who notified their intention to practice in the County was 91, of which 87 were *bona-fide*, 2 held the C.M.B. Certificate and 2 the L.O.S. Certificate.

This increase in the number of fully trained midwives, and the disappearance of the *bona-fide* woman from the county will undoubtedly prove beneficial to the community.

During the year 393 visits have been made to midwives, including 132 of a special nature. The bags and books have, on the whole been found in a satisfactory condition and in a good many instances the appearance of these articles gives one a good idea of the standard of work performed by the owners.

During the period under review two midwives were reported to the Committee for breach of the Rules, and both were duly warned. In addition it was necessary to report one midwife to the Central Midwives' Board for contravention of the Rules of that Body. The Board decided that she should be put on probation and reports submitted by the Local Supervising Authority at the end of three, six, and nine months on her conduct and methods of practice.

The following returns were received from the midwives during the year :—

Medical Health Records	...	...	...	429
Notice of Liability of Infection	...	...	...	50
Laying out Dead Records	...	...	...	40
Stillbirth Records	...	...	...	35
Notice re Artificial Feeding	...	...	...	32
Notice re Change of Address	...	...	...	15
Notice of death of mother or child	...	...	...	7

The Midwives have called in Medical Help in 25 per cent. of the cases attended by them as compared with 23 per cent. last year.

The causes for sending for medical help were as follows :—

FOR THE MOTHER.

Ruptured Perineum	...	...	84
Prolonged Labour	...	...	79
Adherent Placenta	...	...	28
Abnormal Presentation	...	...	28
Hæmorrhage	...	...	22
Abortion	...	...	20
Other Causes	...	...	81
<hr/>			
			342
<hr/>			

FOR THE CHILD.

Babies Eyes	...	...	31
Feeble Infant	...	...	14
Other Causes	...	...	42
<hr/>			
			87
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The registers of the Midwives show that 2,386 cases were attended during the year. Of this number 1,701 were taken by the midwives alone and the remaining 685 were cases where both Doctor and Midwife were engaged.

EMPLOYMENT OF, AND SUBSIDY TO, PRACTISING MIDWIVES,  
IN THE COUNTY.

Only two Midwives are subsidised by the County Council.

### MIDWIFERY SCHOLARSHIPS.

A sum of £330 for the financial year 1925-26 was set aside for the provision of Midwifery Scholarships in the County.

### POST CERTIFICATE COURSES.

A sum of £50 for the year 1925-26 was allotted for this purpose, and midwives attended institutions approved by the Ministry of Health for such courses.

During the year a grant of £10 was given to each District Nursing Association who sent a midwife. Five such grants were made.

### PLACING OF MIDWIVES.

A grant of £10 for each midwife newly appointed by the Leicestershire County Nursing Association, whether to fill a vacancy or to serve in an area hitherto unprovided for, is made to that Association.

### MILEAGE FEES.

Provision is made by the County Council for the payment to midwives of mileage fees incurred in attending cases outside their usual area of practice.

The scale of payment is made outside a two mile radius and is as follows :—

Between two and three miles—£1 per case.

Between three and five miles—£2 per case.

Beyond five miles—Special Arrangement.

This scheme was brought forward to encourage midwives to extend the area of their practice, and so more adequately meet the wants of the midwifery service.

### SPARSELY POPULATED AREAS.

In accordance with the County Council's Scheme £78 per annum is allowed for the provision of a midwife for each sparsely populated area. This comprises a group of parishes with a radius of four to five miles from the centre.

In addition £6 bicycle allowance and initial expenses of £7 for the first year is made.

At the end of 1925 seven of these areas were in operation.

## NECESSITOUS DISTRICTS.

Grants not exceeding £21 are made by the County Council for necessitous districts. Such sums are allocated after due consideration by the Committee as to the necessity of the district, number of births, and the population of the district.

## DISTRICT NURSING ASSOCIATION'S INITIAL EXPENSES.

Expenses under this heading not exceeding £14 are granted to newly formed associations, where in the opinion of the County Maternity and Child Welfare Committee this is necessary.

## MIDWIVES AT COUNTY NURSES' HOME.

Provision is made for 6 Certificated Midwives at the Leicestershire County Nursing Association's Home, Leicester, for those women who are unable to obtain the services of a midwife locally and for those who are not able to pay the whole or any portion of the fees of such midwives.

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All the above with the exception of Mileage Fees are subsidised by the County Council through the Leicestershire County Nursing Association.

## DOCTOR'S FEES.

Under the Midwives' Act 1918 the County Council are responsible for paying the fees of the doctor called in by a certified midwife and for the recovery of such fees as far as possible. During the year accounts amounting to £131 2s. 6d. were paid, and of this amount £25 8s. 6d. was recovered from the patients or their relatives.

## LECTURES TO PRACTISING MIDWIVES.

During the year arrangements were made for lectures to practising midwives in the County.

Five centres were formed, one each at Coalville, Hinckley, Leicester, Loughborough and Melton Mowbray.

Dr. E. L. Lilley, M.B., B.S. (London), F.R.C.S., Eng., of Leicester, Obstetric Surgeon to the Leicester and Leicestershire Maternity Hospital and a recognised lecturer under the C.M.B. Rules was appointed at a fee of £4 4s. 0d. per two lectures at each Centre.

The subjects of the Lectures were chart keeping, first signs of serious trouble in pregnancy, and ante-natal examinations.

All the midwives in the County were invited to the Centres nearest their particular district and 58 per cent of them availed themselves of the opportunity to attend.

From the reports received it was evident that the Lectures were greatly appreciated and several midwives expressed the hope that facilities for further lectures would be forthcoming.

Dr. E. L. Lilley stated that the audiences were quite satisfactory excepting at Hinckley, although even there one Nurse travelled 10 miles to attend. He also added that he invited members of each audience to bring forward any of their own problems, and as a result quite interesting discussions on the treatment of hæmorrhage, urine examinations, breach presentations and abnormal cases took place.

### **Children's Convalescent Home.**

The use of 15 beds at this Institution was continued throughout the year under review.

In all 98 cases were admitted :—

71 through the Sanitary Committee and 27 through the Maternity and Child Welfare Committee.

The average stay of the former was 36·3 days, and the latter 43·4 days.

All the children derived benefit from their stay in the Home and gained on an average 3 lbs in weight.

On discharge the 98 cases were classified as :—Satisfactory 24. Improved 49, and Much Improved 25.

The following is a copy of the report of Dr. Tuckett, the Medical Officer of the Home :—

“ Woodhouse Eaves,  
January 16th, 1926.

Dear Dr. Robinson,

“ You will see by my signed report of the children sent to the Children's Convalescent Home by the County Council the great benefits derived by their treatment at the Home, and all but one child gained in weight very considerably—and many of the children were saved from a very long convalescence, during the season of 1925.

Ninety-eight cases were admitted and many of these children came from bad homes and were in a very weak condition. In fact one might call them almost pre-tubercular condition. They were all restored to health.

Your Committee are doing very valuable work and it is a great pity that it cannot be done on a large scale, as I am sure very many lives would be saved.

Yours truly,

(Signed) W. Reginald Tuckett."

### Health Visitors.

The following is a statement of the work carried out during 1925 :

Visits to Births	...	...	35,825
„ to Tuberculosis Patients' Homes			4,495
„ to Pre-Natal Cases	...		782
„ to Midwives	...	...	393
„ re Children Act		...	90
„ re Still Births	...	...	137
„ re Premature Births		...	47
			<hr/>
			41,769
			<hr/>
Attendances at Infant Welfare Centres	...		932
„ at Tuberculosis Dispensaries	...		132
Lectures at Infant Welfare Centres	...		287
„ at Women's Institutes	...	...	17

Each of the Health Visitors attends one or more afternoons a week to one or other of the Infant Welfare Centres in the County.

The number of visits to the various parishes made during the year was 4,600 and the number of miles cycled 17,781.

### Notifications of Births Act, 1907.

During the year 4,189 births were notified. Of this number 92 were Stillborn.

The number notified in accordance with the provisions of the Acts was 3,950 and 239 were given me by the Registrars.

The Midwives in the County notified 1,666 and the doctors and parents 2,284.

## SANITARY CIRCUMSTANCES OF THE DISTRICT.

### Water Supply.

The following are extracts from the reports of the Medical Officers of Health for the various Districts:—

Oadby Urban:—“The Leicester Corporation’s mains are laid throughout the Area, supplying practically all save outlying properties. One well was closed during the year, the public supply being provided in its stead.”

Wigston Magna Urban:—“The Leicester Corporation’s mains convey the Derwent supply throughout the district.”

Market Harborough Urban:—“The water is derived from a bed of rock—one of the upper limestone beds of the lower lias—and from beds of drift gravel, in the parishes of Husbands Bosworth and North Kilworth, Leicestershire, being collected by means of wells and pipes from whence it flows by gravitation a distance of 8 miles to Market Harborough. Samples of the water have been analysed on four occasions during the year and found to be highly satisfactory. The supply is constant and serves about 96 per cent. of the dwelling-houses in the Urban District, the remainder (92 houses) being supplied by private wells, which have all been examined during the year and found to be free from pollution.”

Coalville Urban:—“The water supply of the district is obtained from a deep well, in the sandstone measures; and is pumped to a reservoir at the Forest Rock, whence it gravitates, to provide a constant supply to nearly all the populous parts of the Urban District.

Of the total of 4,443 houses, 4,209 are supplied from the public mains, compared with 3,787 in 1921. This is a large proportion of the total houses, when it is remembered, that on account of the district being extensive and in part rural, a number of the houses is outside the range of the water mains. The supply is fairly sufficient; but in view of the probable growth of the district, steps are being taken to supplement the supply. The supply is in almost all cases direct to the houses. Samples have been examined from time to time and found of a high standard of organic purity.

91 more houses have been connected up to the Council's supply during the present year, making the total number of houses supplied 4,209. The half-yearly analysis of the town water show it to be of its usual excellent quality. The amount of water pumped during 1925 was 118,640,825 gallons, an increase of 5,982,115 gallons on 1924."

Hinckley Urban :—"No. of samples taken for analysis, 8. No. condemned, 6. Wells : No. closed 6; No. cleansed, repaired, etc., nil. No. of instances where public supply was instituted for the well, 6."

Shepshed Urban :—"An increasing number of houses are being supplied with Water from the Loughborough Corporation's mains from Blackbrook Reservoir. No. of houses connected with the public supply during 1925, 32. No. of houses connected with the public supply during the last 5 years, 105. Approximate No. of houses with the public supply in the district, 820. The remaining houses are supplied from wells. Four samples from wells were examined during the year, all of which were found to be unfit for domestic purposes."

Thurmaston Urban :—"The Leicester Corporation's mains are laid throughout the area, supplying practically all save outlying properties."

Loughborough Urban :—"The water supply of the district is derived from the uplands of the Charnwood Forest, a sparsely populated district, most of which is grass land. The water has no plumbo-solvent action and is collected from the sources of supply of the Blackbrook and Woodbrook, each stream having a separate reservoir in which the water is stored. The Blackbrook is the larger, as also is the reservoir, and stands on a higher altitude, so that the water gravitates therefrom to the Woodbrook reservoir at Nanpantan, where ample means of filtering of the most recent type are available to render the water free from all risks of pollution. The supply is ample and continuous. During the past five years the mains have been extended to Knightthorpe District and all the houses connected up. During the same period the mains have been laid in Derby Road, Swingbridge Road, Outlands Drive, Westfield Drive, Elms Park Estate and Beacon Road, and all the houses built on these new estates have been connected up."

Castle Donington Rural :—“ The supply is good and sufficient throughout the District; except in outstanding villages, wells are being disused. There is a constant supply of water obtained from the Long Eaton Urban Council, the number of houses supplied in this way being 1,157. I do not know of any possibilities of contamination as far as tap water is concerned.”

Billesdon Rural :—“ The public supply is laid on to all the parishes adjoining Leicester. For the rest, *i.e.*, for the greater part of the District, the supply is mainly derived from shallow wells. The City water mains are now being laid to the Globe Estate at Humberstone and to houses on Scraptoft Lane.”

Market Bosworth Rural :—“ The Water supply of the greater part of the District is derived from shallow wells. The only parishes in which a public supply is available are Groby, Market Bosworth, Thornton and Desford, and even in these villages it is by no means taken general advantage of, indeed at the last mentioned village, where an ample supply of excellent water has now been available for over two years, only about a dozen houses have been connected with the main. As shallow wells are almost invariably more or less contaminated, the closure and substitution where practicable of the public supply is a sanitary measure of no little importance.”

Hallaton Rural :—“ Chiefly from springs and shallow wells. Most of the village of Hallaton is supplied by spring water conveyed by pipes.”

Belvoir Rural :—“ Harston, Croxton, Knipton, and Belvoir have a good supply of spring water, free from pollution, and the parishes in the Vale are supplied by shallow wells, being more shallow in Bottesford than in the other villages. No part of the district is supplied from Water Works.

Two wells have been cleaned out and repaired—one at Muston and one at Redmile.”

Market Harborough Rural :—“ In the absence of any large river or ‘ catchment ’ area, the district depends entirely upon the public or private wells for its water supply. To this statement the village of Lubenham is an exception, inasmuch as

the water supply is largely drawn from the Market Harbour main supply by stand pipes. In many cases individual properties have their own well. It must be noted that the wells are largely shallow wells built of dry porous brickwork without cement lining, and as such are open to serious surface contamination from cesspools or agricultural drainage—despite this ever-present risk there have been very few complaints of contamination in the last five years. Another risk in the well system is the shortage that may occur in a dry season, especially if the ground level has not been filled during the winter months.

The water is of good quality but contains 70 degrees of hardness, which makes it very destructive to boilers and cooking utensils.”

Lutterworth Rural:—“The town of Lutterworth possesses a public supply of good, but rather hard water. Although it is not laid on to all the houses it has, however, proved inadequate and it has been found necessary after an ordinary dry summer to turn it off every night. An application to utilize water from a source some three miles distant, was not sanctioned by the Ministry, the ‘catchment’ area being unsatisfactory. I am of opinion that the existing supply if supplemented by water from springs at Misterton near by, would be ample for many years to come and that an application should be made for utilization of water from this source. As the shortage is bound to become increasingly accentuated I venture to hope that this matter will receive the prompt consideration of the Council and that it be referred to the Council’s Consulting Engineers.

In the remainder of the District the supply is derived from wells, chiefly shallow wells, many of which are more or less contaminated. There are, however, many wells yielding fairly good water. Save in the village of Ullesthorpe, where there has been a pronounced shortage after dry weather, the yield, with few exceptions, is adequate.

I have in the past years advocated extension of the Derwent supply into South West Leicestershire. It is now, however, too late to obtain water from this source.

During the year 2 out of 13 samples analysed were condemned. Three wells were closed, 6 were cleansed and

repaired and in 4 instances the public supply was provided in lieu of well water."

Hinckley Rural :—" The three largest villages, Earl Shilton, Barwell and Burbage, have a public water-supply obtained from Snarestone, and Stoney Stanton has a separate public supply. In all four there is still, however, a quatum of shallow wells, and as these are almost invariably more or less contaminated the closure and the substitution where practicable of the public supply is a sanitary measure of no little importance. The total number of substitutions during the past five years is twenty. During that period 22 wells were closed and 96 were cleansed and where necessary repaired and protected from ascertainable sources of contamination.

During 1925 I analysed 79 samples of water from this District, most of them from wells in the village of Sapcote, and I have re-analysed many of these waters during the course of the current year after the wells had been cleaned out and improved. Nearly all the samples from this village furnished, and still furnish, marked evidence of contamination and I have therefore advised that an effort should be made to obtain a public supply.

The analysis of well-water in the Combined Districts has claimed a great deal of my attention for many years. Altogether over 3,000 samples, towards which this District has furnished its quatum, have been analysed and reported upon, most of this work being done on Sundays. I myself supply the laboratory and re-agents."

Melton Mowbray Rural :—" The water supply of the villages in your District is, for the most part, from wells varying from 10 to 20 feet deep, which draw their water from the surrounding earth. The quality of the water from these wells is variable, and sometimes polluted. How far the majority of these waters would bear a chemical analysis and bacteriological examination is doubtful. Some years ago, I began a survey of the waters of the entire District, and would have completed it, but meeting with strong opposition from interested people, and abuse from some of them, I desisted from prosecuting my inquiries so closely, except when the actual outbreak of disease made it my bounden duty to persevere.

The Asfordby water supply has given rise to much discussion because of the small supply during drought.

Little however, has been done up to the present time, although the matter has been discussed time after time. Several measures have been proposed. There is no certain supply of water in the immediate vicinity of Asfordby, but there is an excellent spring at Ab-Kettleby, three miles away, which the village could be supplied by a pipe line, as the water would gravitate to Asfordby.

Great Dalby has a supply of water of very poor quality.

Long Clawson also has many wells whose water is of doubtful quality.

Stathern water supply is now very good.

Eastwell has a supply similar to that of Stathern.

Scalford is partly supplied by private wells and partly by a spring which exudes many gallons per minute after supplying a portion of the water to the town of Melton Mowbray.

Buckminster has a public supply of water from a tower, whence it is delivered to the villagers in pipes controlled by taps.

Saltby has good water, part being derived from an admirable spring.

Grimston derives a great portion of its water from a public well, whence it is drawn by a force pump. A new elevator was put in the pump in 1924.

The above are extracts from an exhaustive and valuable report of Dr. Tibbles, Medical Officer of Health.

Blaby Rural :—“ Since 1920 the Leicester City supply, which has already been laid on to the parishes of Enderby, Glenfield, Glen Parva, Kirby Muxloe and New Parks and to part of Blaby and Countesthorpe, has been extended in the latter parishes. It has also been laid on to Glenfield Frith, Leicester Forest East, Narborough and Whetstone and several other extensions have also been completed.

The outstanding requirements regarding water supply are

the extension of City mains through Littlethorpe, Cosby, Huncote, Peatling Road, Countesthorpe, and connection between Lutterworth Road, Blaby, and Blaby Road, Whetstone, and Blaby Road and Coleman Lane, Glen Parva.

### **Drainage and Sewage.**

The following are extracts from the reports of the Medical Officers of Health on the drainage and sewage in their various districts :—

Thurmaston Urban :—“ Many of the sewers are old with but little fall. They are fairly well ventilated by shafts. Defective drains are a frequent source of trouble, and sound sanitation cannot be looked for throughout the village as a whole until a complete sewerage scheme with pumping is provided for the greater part of the village. New Thurmaston, that is the part of the District adjoining Leicester, being drained to the City sewers.

The whole question has recently been submitted to a leading firm of Engineers and I would urge that their recommendations as to the provision of a sewerage scheme be adopted.

The Sanitary Inspector has inspected 130 drains and drain traps during the year and nuisances were abated in 29 instances.”

Shepshed Urban :—Mr. J. G. Foston, the Surveyor reports :  
“ Originally the Sewage was dealt with on less than 12 acres of land, by broad irrigation, but this was found totally inadequate, the effluent being sometimes fair and often bad. An entirely new scheme was made which included the purchase of the old farm together with an additional 8 acres. One third of the sewage is treated on the old part and two-thirds is taken in a twelve inch sewer to the new area, where screening chambers, detritus sedimentation tanks and artificial filters have been constructed. The filtered effluent can be applied to the lower part of the land, which is sub-drained and the final effluent conveyed to the brook. The new works were first used in June, 1925, and the whole scheme is working efficiently.”

Hinckley Urban :—“ New sewers have been laid in Edward Street, Priesthills Road, Teignbank, Thornfield Way, Westfield Road,

Northfield Road, and the short new Road running off these. Drains, drain taps, etc. : No. inspected, 17; nuisances abated, 17. Cess Pools : No. repaired, cleansed, etc., 3; No. abolished and drains connected to sewer, 2.

The construction of New Sewage Works have been put in hand, and are proceeding satisfactorily, and it is hoped that when they are put into operation a long standing complaint will have been remedied."

Coalville Urban :—"The populous parts of the district is efficiently sewered. There are two Sewage Farms—Kelham Bridge and the Snarrows. The former takes the drainage from the southern portion of the district, and the sewage is disposed of there, principally by broad irrigation and to some extent by intermittent downward filtration. On the Snarrows Farm, which receives the sewage from the northern portion, the disposal is by means of tanks, filters and sludge pits, followed by irrigation over grass land. Both farms have worked satisfactorily; and the effluents have been periodically examined and found satisfactory."

Market Harborough Urban :—"The district is sewered on the water carriage system, which has been maintained in efficient order. The sewage flows by gravitation to the disposal works, situated some two miles to the east of the town, where it is treated by sedimentation tanks and broad irrigation on some 100 acres of land. An entirely separate system deals with the storm water drainage."

Wigston Magna Urban :—"The district is efficiently drained to a large sewage farm where tanking, filtration and broad irrigation result in a fairly good effluent. For the small area of Wigston Fields the sewage is separately dealt with."

Following a Ministry of Health enquiry in 1925 it is hoped that comprehensive improvements will shortly be commenced. Tenders have already been obtained for carrying out a portion of the Sewerage extension scheme for the District. A second electrically driven pump has been fixed at the Crow Mills Pumping Station."

Oadby Urban :—"During the past five years the Council have, in addition to the replacement of defective and inadequate sewers, constructed a new sewage disposal works at a cost of

£13,000. The disposal works include pumping machinery, sedimentation tanks, filters, humus tanks and sludge beds.

Five large estates are now being laid out and the Council have provided sewers to deal with these in advance of development in order to obviate the use of cesspools. In the Wigston Road portion of the District foul and storm-water sewers have been provided and the cesspools which served the whole of the houses in this area have been done away with.

A scheme of sewerage is nearly completed which will deal with the whole of the low-lying area of the District adjoining the Stoughton Lane near the City of Leicester. The sewage will be lifted with Ejectors and conveyed to the new disposal works. This will enable the whole of this area to be opened up for building purposes."

Loughborough Urban :—" The town generally is sewered on the ' Combined ' system, but the more recently sewered districts are provided with sewers designed for the partially separate system. The whole of the built-up and partly built-up areas are sewered except Leicester Road south of the Grammar School Brook. The sewage is delivered by gravitation to the Sewage Disposal Works where, after screening, up to three times the dry weather flow is pumped and treated by settlement in Dortmund Tanks with a capacity of slightly over half the daily d.w.f. After settlement about two-thirds of the sewage is treated by irrigation on the farm, the land being laid out in narrow plots with grips and is suitably under-drained. The remaining one-third is dealt with by four 80' 0" diameter bacteria beds with revolving distributors, the media averaging 4' 9" in depth, and after settlement in humus tanks the effluent is discharged into the River Soar.

Storm water from three to six times the dry weather flow is pumped into Storm Water Tanks and treated as storm water.

Storm overflows are provided on the trunk sewers and volumes in excess of six times the d.w.f. are discharged into the various water courses."

Castle Donington Rural :—" In Castle Donington and Kegworth this is disposed of by filter beds; in other villages it goes into the brooks. Closet accommodation.—See Sanitary Inspector's report. Six privies during the year have been converted into W.C.'s. There are still seven dry-earth closets in the area, otherwise privy middens are used when required."

Melton Mowbray Rural :—“ A large amount of drains and sewers have been put into the ground in your district. Dr. Tibbles then gave a detailed account of every village in his area with particular references to Asfordby, Nether Broughton, Long Clawson, Thorpe Satchville and Twyford.”

Lutterworth Rural :—“ Lutterworth is on the whole a well drained town, the sewers being of socket pipes with a good fall to the farm, where the sewage is treated by Contact-beds and broad irrigation.”

Market Harborough Rural :—“ In the villages of Kibworth there is a joint sewerage scheme, whereby 12 acres of grass land are used for irrigation after the sewage has passed through the settling tanks which are of the Cosham variety.

Fleckney village also has an efficiently working scheme where Cosham's patent tanks and Adam's automatic sprinkler are used.

In the other villages in the district cesspools and settling tanks are in general use; the liability of contamination of water by leakage from these has already been noted.

Good progress is being made in removing the old-fashioned privies and substituting pail or water closets, but the principle of one cottage, one closet, still falls short of attainment.”

Belvoir Rural :—“ At Croxton and Knipton the sewerage from those houses with water closets passes to the filter beds. At Croxton the effluent runs into a dyke, and after two miles of natural filtration enters the River Devon at Knipton. The sewers of Muston, and a small proportion of those of Bottesford, pass directly into the River. At Bottesford, there is a main sewer which follows the course of the main road from Grantham to Nottingham, and at the west end of the village it is open and runs as such for two miles to the boundary of the district. The solid matter is removed from this open sewer when necessary. The main sewer is flushed frequently from the River Devon.”

Market Bosworth Rural :—“ The outstanding improvement which we have to record is the provision of a thoroughly comprehensive and efficient sewerage scheme for Ibstock, our largest and most populous village.”

Billesdon Rural :—“The outstanding improvements which we have to record are the provision of a sewerage scheme for the greater part of Evington and of a scheme for the greater part of the parish of Humberstone where the rapid development of a residential estate had led to numerous nuisances from overflowing cesspools. Both parishes are now drained by gravitation to the Leicester City sewers.

I am of the opinion that Thurnby and the adjoining part of Bushby and Evington should now be provided with a sewerage scheme, in so far as the sewer from this area can be dealt with by gravitation. Recent building and the prospect of further development render this provision increasingly desirable.”

Blaby Rural :—“There are good sewers in most of the larger villages and in the remainder they are passable, with the notable exception of Croft. In this parish not only are the sewers unsatisfactory, but they discharge direct to the brook.

Building developments in a number of parishes are calling for extension of sewers and for the provision in some instances of additional disposal plant. A great deal of this work is now in hand.”

### **Scavenging.**

The following are extracts from the Reports of the Medical Officers of Health on the Scavenging in their particular districts :—

Oadby Urban :—“A new Municipal Depot has been erected and the scavenging is now carried out by direct labour under the supervision of the Surveyor. Refuse is deposited on the disused sewage farm at a considerable distance from inhabited houses. During the year seven ashpits were converted into ashbins and 42 new ashbins were provided.”

Wigston Urban :—“This is efficiently carried out by the Council’s employees, the refuse being tipped on a disused sewage farm. The desirability of providing a Destructor is appreciated, but the matter is deferred on economic grounds.

In connection with the House Scavenging a second motor tip-wagon has been purchased and a garage is being erected at the Scavenging Depot.

The Bye-Laws as to Nuisances have been revised.”

Market Harborough Urban :—“ There are 30 ashpits in the district, and these are emptied every three months. The remainder of the provision for storage of house refuse consists of portable receptacles, which are emptied weekly. The house refuse, after collection, is at present tipped on low-lying land, but owing to the nearness of newly-erected dwellings, the Council are considering other means of disposal. The rat-catcher employed by the Council to keep the rats down at the refuse tip reports having killed 332 rats during the year.”

Coalville Urban :—“ The scavenging of the district continues to be efficiently carried out. Since 1923 the Council decided to undertake the whole of the scavenging; and movable ashbins, in increasing numbers, have been substituted for fixed receptacles. In 1921, only 74 dust bins were in use. At the end of 1925, 1,099 were being used. This has much facilitated the efficient scavenging of the area. The refuse when it has manurial value, is disposed of upon agricultural land. The dry ash and dust-bin refuse are carted to suitable tips. The large amount of the latter, and the difficulty of obtaining suitable tips in a populous district, are making imminent the advisability of the provision of a suitable destructor.”

Hinckley Urban :—“ Part of the refuse is tipped at the farm, and part burnt at the gas works. No refuse destructor is available. Three ashpits were converted to ashbins and 142 new ashbins were provided during the year.”

Shepshed Urban :—“ This work is done by contract, and the present contractor does his work in a most satisfactory way. The lessening number of privies and deep wet ashpits is gradually making this work easier. The pans and dustbins are emptied weekly. House refuse is collected, when placed in suitable receptacles, at regular intervals.”

Thurmaston Urban :—“ This is done weekly by direct labour. The expense of emptying cesspools, which is steadily increasing, already reaches about £300 a year. Drainage to cesspools is not only exceedingly insanitary but in the long run a most costly way of dealing with a developing area. There comes a time in the development of every such area when the provision of a sewage scheme can no longer be deferred.

Night-soil and refuse are deposited on a refuse-tip. A great deal of this expense should cease as soon as water carriage is available. In the interim I would direct attention to the necessity for destroying rats which almost invariably breed with rapidity in the vicinity of refuse-tips. A refuse destructor is of course desirable but it should follow and not precede a sewerage scheme."

Market Bosworth Rural :—"For many years I have advocated that all villages with over forty inhabited houses should be provided with public scavenging of night-soil and refuse, for I regard this as a condition precedent to the effective abolition of insanitary pits. This advice has long since been adopted in some parishes, but not in others. In so far as our records show, only 52 pits have been converted during the past five years, notwithstanding the fact that no less than forty per cent. of the sanitary conveniences in the district are of this antiquated and objectionable type. This percentage is exceptionally high and I am strongly of opinion that early steps should be taken for their total abolition if broadcast pollution of the sub-soil, with its consequent pollution of wells, is to be avoided."

Hallaton Rural :—"At Hallaton refuse is deposited on the sewage farm and at a refuse tip. At Medbourne and Great Easton on the land. My consistent advice throughout the Combined Districts is that every village with over forty inhabited houses, and frequently with less, should have a public system of scavenging. This is as a rule a condition precedent to the effective and sanitary conversion of privies to pail closets."

Bottesford Rural :—"Occupiers have to arrange for their own scavenging; there is no public scavenger."

Market Harborough Rural :—"Scavenging has been carried on as usual in the parishes of Kibworth Beauchamp, Fleckney, Smeeton, and Kibworth Harcourt.

It is to be regretted that house-holders do not burn much more of their combustible refuse. A very large proportion of the refuse collected could be easily burnt on kitchen grates, thereby utilising the fuel value of the refuse, and very considerably reducing the cost to the rates of collection and disposal. It is surprising, too, the amount of perfectly good fuel, in the shape of small coal and cinders which finds its way into the refuse bins."

Lutterworth Rural:—"The removal of refuse and night-soil in Lutterworth is done by direct labour under the supervision of the Surveyor. For many years I have advocated that all villages with over 40 inhabited houses should be provided with systematic scavenging of night-soil and refuse: for I regard this as a condition precedent to the effective abolition of insanitary pits without the subsequent likelihood of water pollution through the emptying of pails near wells. Villages unprovided with public scavenging almost invariably present a series of insanitary accumulations close to inhabited houses or wells. It is to be regretted that there is no enactment enjoining some such provision as I now suggest for those villages, whether here or elsewhere, which are still unscavenged.

In my last Annual Report I directed attention to the necessity for public scavenging in Gilmorton, Dunton Bassett and Claybrook Magna. The last named is now scavenged weekly, and it becomes my duty to urge you to deal similarly with Dunton Bassett and Gilmorton. In Gilmorton the nuisance is accentuated owing to refuse existing in heaps at the rear of dwelling houses and being dumped at either end of the village. A suitable tip for refuse is required at Bitteswell."

Hinckley Rural:—"In each of your larger villages this is now done by contractors. During the year 11 ash pits were converted to ashbins and 242 new ashbins were provided."

Castle Donington Rural:—"I must say that the present arrangement is inefficient. The question of the provision of a public scavenger for the whole district has been raised but it was not approved of. The refuse is for the most part carted away by scavengers on to the land at irregular intervals. There is no public provision at present for the cleansing and clearing of earth closets, privies, ash pits, and cesspools; this is done, I believe, either by the occupiers themselves, or by private arrangement with unofficial scavengers.

House refuse is collected and carried away officially, weekly generally, but, in some cases, monthly. There are no houses where moveable ashbins with proper coverings are substituted, or have been substituted in recent years for fixed receptacles."

Blaby Rural :—“ The larger villages are now systematically scavenged. For many years I have advocated that all villages with over 40 inhabited houses should be provided with systematic scavenging of night-soil and refuse : for I regard this as a condition precedent to the effective abolition of insanitary pits without the subsequent likelihood of water pollution through the emptying of pails near wells.”

### **Rivers and Streams.**

The various rivers and streams in the County have been visited and samples examined from time to time, especially above and below the points where effluents from Sewage Farms flow into the river. The actual effluents passing into streams have also been periodically analysed.

Two visits were made to the various parts of the river Soar in connection with the Hydrographical Survey of the Trent Water Shed. These visits took place on July 16th and September 7th, and 7 samples were taken on each occasion. They were analysed and copies of the reports forwarded to the Ministry of Agriculture and Fisheries and the other various Authorities concerned. In addition to the above the majority of the streams and the various brooks in the County have been visited and samples examined from time to time.

With reference to the condition of the river Soar below the Wanlip Outfall, this still appears to be in much the same condition as in previous years, and is evidently still polluted by the sewage from the City of Leicester. The Rothley Brook also shows some pollution caused by sewage effluents from the above Authority's Sewage Farm.

The Ministry of Health held inquiries with reference to loans for Sewage Works in the following instances :—

Market Harborough £650, Glenfield £3,265, Oadby £3,450, Humberstone £16,800, Evington £9,100, Foxton £1,000, Coalville £6,950, Ashby £800, Wigston Magna £16,700.

The County Sanitary Committee considered reports on pollutions caused by sewage effluents from farms in the following districts :—

Quorn Urban and Market Bosworth, Blaby, Hinckley, Hallaton, Barrow and Market Harborough Rural Districts. In all cases copies of my report were forwarded to the district Council concerned and in most cases steps were taken to remedy the defect.

In one case—Kirby Lane sewage in the Blaby Rural District, it was found necessary to report the state of affairs to the Ministry of Health.

## HOUSING PROGRESS IN LEICESTERSHIRE.

### Record of Public and Private Enterprise.

The number of houses completed in Leicestershire with the exception of Wigston Urban since 1918 up to April 1st, last, according to information furnished by the Ministry of Health.

DISTRICTS.	By Local Authority.	Privately.	
		With Subsidy.	Without Subsidy.
URBAN DISTRICTS.			
Ashby-de-la-Zouch ... ..	60	9	23
Ashby Woulds ... ..	90	18	9
Coalville ... ..	114	115	50
Hinckley ... ..	106	228	61
Loughborough ... ..	165	143	65
Market Harborough ... ..	92	78	63
Melton Mowbray ... ..	58	67	25
Oadby ... ..	28	47	20
Quorn ... ..	6	33	21
Shepshed ... ..	60	11	12
Thurmaston ... ..	12	160	74
<b>Total</b>	<b>791</b>	<b>909</b>	<b>423</b>
RURAL DISTRICTS.			
Ashby-de-la-Zouch ... ..	—	51	32
Barrow-on-Soar ... ..	84	311	161
Belvoir ... ..	16	2	—
Billesdon ... ..	2	110	470
Blaby ... ..	138	193	337
Castle Donington ... ..	4	5	15
Hallaton ... ..	22	—	—
Hinckley ... ..	186	230	175
Loughborough ... ..	—	25	23
Lutterworth ... ..	90	46	17
Market Bosworth ... ..	52	79	12
Market Harborough ... ..	54	27	9
Melton Mowbray ... ..	—	97	36
<b>Total</b>	<b>648</b>	<b>1176</b>	<b>1287</b>
<b>Total Whole County</b>	<b>1439</b>	<b>2085</b>	<b>1710</b>

The private enterprise, without subsidy, figures relate to the three years ended 30th September, 1925.

Statistics are not available prior to September, 1923.

## SALE OF FOOD AND DRUGS ACT.

The above Acts are administered by the Police in this County and the following is the record of the work done during 1925, under the Public Health (Milk and Cream) regulations 1912 and 1917.

January 1st, 1925 to December 31st, 1925.

### *Milk and Cream not sold as Preserved Cream.*

(a) Number of samples examined for the presence of a preservative.		(b) Number in which Preservative was reported to be present, and percentage of preservative found in each sample
Milk.	81	None
Cream.	0	None

### *Cream sold as Preserved Cream.*

None.

## DAIRIES, COWSHEDS, AND MILKSHOPS.

I have obtained the following information from the Sanitary Inspectors' Reports :—

In the Urban Districts there is a total of 281 retail purveyors, 231 producers, 2,692 cows. There is a considerable increase in the number of retail purveyors and cows and a slight decrease in the number of producers on last year's figures, viz., 258, 237 and 2,451 respectively. All the Districts have appointed Veterinary Inspectors, excepting Market Harborough, where Sanitary Inspector has power to call in if necessary, and Thurmaston. In all Districts the regulations have been adopted.

In the Rural Districts there is a total of 760 retail purveyors, 2,059 producers and 32,311 cows, against 811, 2,017, and 31,062 respectively for last year. All the Districts have adopted the regulations and all but three have appointed Veterinary Inspectors, viz., Castle Donington, Belyoir and Hallaton; with reference to Castle Donington the Sanitary Inspector for this District has power to call in a Veterinary Inspector if necessary.

The totals for the Whole County are therefore :—1,041 retail purveyors, 2,290 producers, and 35,003 cows.

### **GRADED MILKS.**

The Ministry of Health have reported that they have issued licences for “ Certified Milk ” to four producers, and for “ Grade A (Tuberculin Tested) ” to one producer.

The County Council have issued Grade “ A ” licences to eight producers, three of whom had licences previously. One holder of a licence ceased to produce Grade “ A ” milk in September, 1925.



Causes of Death at Different Periods of Life in the Administrative County of Leicester, 1925.

CAUSES OF DEATH.	AGGREGATE OF URBAN DISTRICTS.											AGGREGATE OF RURAL DISTRICTS.										
	Sex.	All Ages.	0—1—2—5—15—25—45—65—75—					All Ages.	0—1—2—5—15—25—45—65—75—													
ALL CAUSES.	M F	681 638	75 72	19 22	25 20	16 22	28 36	70 72	164 130	145 115	139 149	902 906	117 84	15 15	23 14	16 29	43 47	104 83	186 170	183 179	215 285	
1. Enteric Fever	M F	1 ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	1 ...	...	1 1	...	...	...	...	1 1	...	...	...	...	
2. Small-Pox	M F	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	... ...	...	...	...	...	...	...	...	...	...	...	...	
3. Measles	M F	17 8	5 1	3 4	7 2	2 ...	1 ...	...	...	...	...	7 7	2 2	1 2	1 1	2 2	...	...	...	...	...	
4. Scarlet Fever	M F	... 1	... ...	... ...	... ...	... 1	... ...	... ...	... ...	... ...	...	... 2	...	...	... 1	...	...	...	...	...	...	
5. Whooping Cough	M F	9 17	6 9	2 4	1 ...	... ...	... ...	... ...	... ...	... ...	...	7 12	5 7	1 3	1 2	...	...	...	...	...	...	
6. Diphtheria	M F	3 3	... ...	... 1	3 ...	1 ...	... ...	... ...	... ...	... ...	...	2 6	... ...	... 2	... 1	4 ...	...	...	...	...	...	
7. Influenza	M F	20 22	... ...	... 1	... ...	1 3	1 3	1 4	6 5	3 ...	6 3	42 37	... 5	2 1	... ...	... 1	4 ...	...	...	...	...	
8. Encephalitis lethargica	M F	4 5	... ...	... ...	... 1	2 ...	... ...	... ...	... ...	... ...	...	4 2	... ...	... ...	... ...	... ...	1 2	...	...	...	...	
9. Meningococcal meningitis	M F	... 1	... ...	... 1	... ...	... ...	... ...	... ...	... ...	... ...	...	... 1	...	... ...	... ...	... ...	...	...	...	...	...	
10. Tuberculosis of respiratory system.	M F	58 48	... ...	... ...	... ...	1 ...	12 17	32 25	13 5	... 1	...	53 58	... ...	... ...	... ...	... ...	11 20	23 26	17 10	1 1	...	
11. Other Tuberculous Diseases...	M F	15 18	2 ...	3 4	3 2	2 ...	3 4	1 ...	... ...	... ...	...	10 14	2 ...	... 2	... 2	3 ...	...	...	3 5	...	1	
12. Cancer, malignant Disease	M F	66 77	... ...	... ...	... ...	... ...	... ...	1 28	27 18	10 23	...	81 105	... ...	1 ...	... ...	... ...	1 5	22 42	26 29	26 25	...	
13. Rheumatic Fever	M F	2 4	... ...	... ...	... 3	... ...	... ...	... ...	... ...	... 1	...	3 7	... ...	... ...	... 3	...	...	...	1 3	...	...	
14. Diabetes	M F	7 7	... ...	... ...	... ...	... 1	... ...	4 ...	3 5	... ...	...	7 10	... ...	... ...	... ...	... ...	1 ...	2 6	3 2	1 1	...	
15. Cerebral hæmorrhage, &c.	M F	53 40	... ...	... ...	... ...	... ...	... ...	1 6	28 30	17 20	...	48 58	... ...	... ...	... ...	... ...	3 7	25 11	16 30	13 30	...	
16. Heart disease	M F	83 84	... ...	... ...	... ...	1 4	2 ...	6 30	22 20	...	...	138 146	... ...	... ...	... 3	...	12 5	41 30	43 49	40 59	...	
17. Arterio-sclerosis	M F	24 14	... ...	... ...	... ...	... ...	... ...	4 ...	13 2	7 8	...	36 21	... ...	... ...	... ...	... ...	... ...	2 2	8 8	26 11	...	
18. Bronchitis	M F	45 46	6 5	... 1	... ...	... ...	... ...	... ...	4 8	12 14	23 17	53 51	4 3	1 ...	... 1	... ...	2 ...	1 ...	5 4	2 2	...	
19. Pneumonia (all forms)	M F	32 30	3 10	3 6	3 5	... 1	... ...	8 3	10 2	2 2	3 1	69 37	15 14	6 4	4 1	3 1	7 10	15 2	9 6	5 ...	...	
20. Other respiratory diseases.	M F	6 4	... ...	... ...	1 ...	... ...	2 2	2 2	... ...	... ...	...	11 13	... ...	... 1	... ...	... ...	... ...	3 2	1 2	... ...	...	
21 Ulcer of stomach or duodenum	M F	4 1	... ...	... ...	... ...	1 ...	... 1	... ...	... ...	... ...	...	5 5	... ...	... ...	... 1	... ...	1 ...	3 ...	1 ...	... ...	...	
22. Diarrhoea, &c.	M F	14 8	8 5	2 ...	2 1	... ...	... 2	... ...	... ...	... ...	2 ...	11 12	5 4	... 2	3 1	... ...	... 2	... ...	1 ...	2 1	...	
23. Appendicitis and typhlitis	M F	6 2	... ...	... ...	1 ...	2 ...	1 ...	... 1	2 ...	... ...	...	6 2	... ...	... ...	1 1	... ...	1 ...	3 ...	... ...	... ...	...	
24. Cirrhosis of Liver	M F	5 2	... ...	... ...	... ...	... ...	... ...	3 ...	1 1	1 1	...	8 4	... ...	... ...	... ...	... ...	1 ...	3 4	... ...	... ...	...	
25. Acute and chronic nephritis	M F	12 5	... ...	... ...	1 ...	... ...	1 ...	... 8	2 2	... ...	...	24 29	... ...	... ...	... ...	... ...	3 1	11 10	4 10	6 5	...	
26. Puerperal sepsis	M F	... 3	... ...	... ...	... ...	... 1	... ...	... ...	... ...	... ...	...	... 5	... ...	... ...	... ...	... 3	... 2	... ...	... ...	... ...	...	
27. Other accidents and diseases of pregnancy and parturition	M F	... 5	... ...	... ...	... ...	... ...	... 5	... ...	... ...	... ...	...	... 10	... ...	... ...	... ...	... 2	... 8	... ...	... ...	... ...	...	
28. Congenital debility and mal-formation, premature birth	M F	36 32	35 31	... ...	1 ...	... ...	... ...	... ...	... ...	... ...	...	60 32	60 31	... ...	... 1	... ...	... ...	... ...	... ...	... ...	...	
29. Suicide	M F	7 3	... ...	... ...	... ...	... 1	2 ...	3 ...	... ...	... ...	...	11 4	... ...	... ...	... ...	1 ...	4 2	6 1	... ...	... ...	...	
30. Other deaths from violence	M F	23 14	1 ...	1 ...	... 3	... ...	3 4	8 3	2 2	2 2	...	37 16	2 1	4 ...	... 1	3 2	8 2	9 2	3 ...	3 6	...	
31. Other defined diseases	M F	127 132	9 11	4 3	2 1	5 2	1 6	24 23	21 22	52 59	...	165 196	22 17	2 2	3 2	5 6	20 12	21 23	31 35	57 97	...	
32. Causes ill-defined or unknown	M F	2 2	... ...	1 ...	... ...	... ...	... ...	... ...	1 1	... ...	...	3 3	... ...	... ...	... 1	... ...	1 ...	1 1	... ...	1 ...	...	



Causes of Death at Different Periods of Life in the Administrative  
County of Leicester, 1925.

CAUSES OF DEATH.	AGGREGATE OF URBAN DISTRICTS.												AGGREGATE OF RURAL DISTRICTS.											
	Sex.	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—			
ALL CAUSES.	M	681	75	19	25	16	28	70	164	145	139	902	117	15	23	16	43	104	186	183	215			
	F	638	72	22	20	22	36	72	130	115	149	906	84	15	14	29	47	83	170	179	285			
1. Enteric Fever	M	1	...	...	...	...	...	...	...	1	...	1	...	...	...	...	1	...	...	...	...			
	F	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...			
2. Small-Pox	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
	F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
3. Measles	M	17	5	3	7	2	...	...	...	...	...	7	2	1	1	2	1	...	...	...	...			
	F	8	1	4	2	...	1	...	...	...	...	7	2	2	1	2	...	...	...	...	...			
4. Scarlet Fever	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
	F	1	...	...	...	1	...	...	...	...	...	2	...	...	1	...	...	...	...	...	...			
5. Whooping Cough	M	9	6	2	1	...	...	...	...	...	...	7	5	1	1	...	...	...	...	...	...			
	F	17	9	4	4	...	...	...	...	...	...	12	7	3	2	...	...	...	...	...	...			
6. Diphtheria	M	3	...	...	3	...	...	...	...	...	...	2	...	...	2	...	...	...	...	...	...			
	F	3	...	...	1	1	1	...	...	...	...	6	...	...	1	4	...	...	...	...	...			
7. Influenza	M	20	...	...	...	1	3	1	6	3	6	42	...	2	...	...	...	...	...	...	...			
	F	22	...	...	1	1	3	4	5	5	3	37	5	1	...	...	...	...	...	...	...			
8. Encephalitis lethargica	M	4	...	...	...	...	2	...	1	1	...	4	...	...	...	...	...	...	...	...	...			
	F	5	...	...	1	3	1	...	...	...	...	2	...	...	...	...	1	2	1	...	...			
9. Meningococcal meningitis	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
	F	1	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...			
10. Tuberculosis of respiratory system.	M	58	...	...	...	1	12	32	13	...	...	53	...	...	...	...	...	...	...	...	...			
	F	48	...	...	...	...	17	25	5	1	...	58	...	...	...	...	...	...	...	...	...			
11. Other Tuberculous Diseases...	M	15	2	3	3	2	3	1	...	1	...	10	2	...	2	1	2	...	3	...	...			
	F	18	...	4	2	3	2	4	1	1	1	14	...	...	2	3	3	...	5	...	1			
12. Cancer, malignant Disease	M	66	...	...	...	...	...	...	28	27	10	81	...	1	...	...	...	5	22	26	26			
	F	77	...	...	...	...	8	28	18	23	14	105	...	...	...	...	...	9	42	29	25			
13. Rheumatic Fever	M	2	...	...	...	2	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...			
	F	4	...	...	...	3	...	...	...	1	...	7	...	...	...	3	...	1	3	...	...			
14. Diabetes	M	7	...	...	...	...	...	...	4	3	...	7	...	...	...	...	...	...	2	3	1			
	F	7	...	...	...	...	1	...	1	5	...	10	...	...	...	...	1	...	6	2	1			
15. Cerebral hemorrhage, &c.	M	53	...	...	...	...	...	...	1	16	20	48	...	...	...	...	...	...	...	...	...			
	F	40	...	...	...	...	...	...	4	11	15	58	...	...	...	...	...	...	...	...	...			
16. Heart disease	M	83	...	...	1	...	1	6	28	30	17	138	...	...	...	...	...	...	...	...	...			
	F	84	...	...	...	4	2	6	30	22	20	146	...	...	...	...	...	...	...	...	...			
17. Arterio-sclerosis	M	24	...	...	...	...	...	...	4	13	7	36	...	...	...	...	...	...	...	...	...			
	F	14	...	...	...	...	...	...	4	2	8	21	...	...	...	...	...	...	...	...	...			
18. Bronchitis	M	45	6	...	...	...	...	...	4	12	23	53	...	...	...	...	...	...	...	...	...			
	F	46	5	1	1	...	...	...	8	14	17	51	...	...	...	...	...	...	...	...	...			
19. Pneumonia (all forms)	M	32	3	3	3	...	...	8	10	2	3	69	...	...	...	...	...	...	...	...	...			
	F	30	10	6	5	1	...	3	2	2	1	37	...	...	...	...	...	...	...	...	...			
20. Other respiratory diseases.	M	6	...	...	1	1	...	2	2	...	...	11	...	...	...	...	...	...	...	...	...			
	F	4	...	...	...	...	...	...	2	...	...	13	...	...	...	...	...	...	...	...	...			
21 Ulcer of stomach or duodenum	M	4	...	...	...	...	1	1	2	...	...	5	...	...	...	...	...	...	...	...	...			
	F	1	...	...	...	...	...	1	...	...	...	5	...	...	...	...	...	...	...	...	...			
22. Diarrhoea, &c.	M	14	8	2	2	...	...	...	...	...	...	11	...	...	...	...	...	...	...	...	...			
	F	8	5	...	1	...	...	2	...	...	...	12	...	...	...	...	...	...	...	...	...			
23. Appendicitis and typhlitis	M	6	...	...	...	1	2	1	...	2	...	6	...	...	...	...	...	...	...	...	...			
	F	2	...	...	...	...	...	...	1	1	...	2	...	...	...	...	...	...	...	...	...			
24. Cirrhosis of Liver	M	5	...	...	...	...	...	...	3	1	1	8	...	...	...	...	...	...	...	...	...			
	F	2	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...			
25. Acute and chronic nephritis	M	12	...	...	...	1	...	...	1	8	2	24	...	...	...	...	...	...	...	...	...			
	F	5	...	...	...	...	...	...	3	3	2	29	...	...	...	...	...	...	...	...	...			
26. Puerperal sepsis	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
	F	3	...	...	...	...	1	2	...	...	...	5	...	...	...	...	...	...	...	...	...			
27. Other accidents and diseases of pregnancy and parturition	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...			
	F	5	...	...	...	...	...	...	...	...	...	10	...	...	...	...	...	...	...	...	...			
28. Congenital debility and mal-formation, premature birth	M	36	35	...	1	...	...	...	...	...	...	60	...	...	...	...	...	...	...	...	...			
	F	32	31	...	...	...	...	...	...	...	...	32	...	...	...	...	...	...	...	...	...			
29. Suicide	M	7	...	...	...	...	...	...	...	...	...	11	...	...	...	...	...	...	...	...	...			
	F	8	...	...	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	...	...			
30. Other deaths from violence	M	23	1	1	1	...	3	4	8	3	2	37	...	...	...	...	...	...	...	...	...			
	F	14	...	...	...	...	...	...	...	...	...	16	...	...	...	...	...	...	...	...	...			
31. Other defined diseases	M	127	9	4	2	5	1	9	24	21	52	165	...	...	...	...	...	...	...	...	...			
	F	132	11	3	1	2	5	6	23	22	59	196	...	...	...	...	...	...	...	...	...			
32. Causes ill-defined or unknown	M	2	...	1	...	...	...	...	...	1	...	3	...	...	...	...	...	...	...	...	...			
	F	2	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...			









